L14000018115

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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- APR - 1 2013

T. HAMPTON

COVER LETTER

TO: Registration Division of C		,	,
Deb	ra Blizzard, LM	HC. PLLC	
SUBJECT: DED		nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Debra Blizza	ard	
		Name of Person	
	Debra Blizza	ard, LMHC, PLL0	
		Firm/Company	
	4786 Richm	ond Mews	
		Address	
	Haverhill, Fl	L 33415	
	•	City/State and Zip Code	
	dblizzard2001@g	•	
	E-mail address: (to be used for future annual report notifi	ication)
For further information	n concerning this matter, please c	all:	
Debra Bliz	zard	_{at} 561, 329-90	672
Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check fo	r the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L14000018115</u>	y were filed on February 3, 2014	
This amendment is submitted to amend the following:		FIL YOUNGER 28
A. If amending name, enter the new name of the limited lia	bility company here:	R 28
The new name must be distinguishable and end with the words "Limited Lie	ability Company," the designation "LLC" or	the abbreviationL.C.
Enter new principal offices address, if applicable:		- 1
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4786 Richmond Mews Haverhill, FL 33415	
B. If amending the registered agent and/or registered	office address on our records, en	ter the name of the new
registered agent and/or the new registered office address he		Ner me mane (a the nex
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			□ Remove
			Add
			SECRE JAJASSE
		.	TILED MAR 28 49 H 12 move CATE ASSET TO BOTTOM
			© Remove
			Add
			☐ Remove
			Add
			☐ Remove

If amending any other	r information, enter change(s) here: (Attach additional sheets, if necessary.)
1	. ,
Fffective date if other	than the date of filing: (optional)
(The effective date must be sp	pecific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ed by the Florida Department of State)
Dated March 25,	, 2014
	Delya Blusard
Debra B	Signature of a member or authorized retresentative of a member

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Filing Fee: \$25.00

2014 HAR 28 PM 12: 35
SECRETAINY OF STATE
TAIL A HASSEE, PLORIDA