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Division of Corpor			
SUBJECT:	Name of Limit	stand Sacted Elability Company	mican LL C
The enclosed Articles of Am	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	Womi	A R Domero	esnob
	M moti-	Protession O Firm/Company	I samues LLC
	9767 Ex	truoz asi	
	Boca F	City/State and Zip Code	3848E_alai
-	E-mail address: (to	o be used for future annual report notif	ication)
For further information conc	eerning this matter, please ca	11:	
Woma R D Name of Po	amendonce	at (<u>561</u>) -939 Area Code Daytime	Telephone Number
Enclosed is a check for the f	_		
₹ \$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

FILED

2015 JUL 13 AM 8:51

SECATIANT OF STARK TABLAHASSES, FLORIDA

SERVICES LLC MULTI-PROFESSIONAL (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number L 14000 140988 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Rotton, Florida 33496

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 Lam 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 at New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action** <u>Title</u> **Name Address** Warrie R Mandares 9767 Erica Court Boca Ration, FL DRemove 33496 - USA Change AMBR Waria R Damendanca 9767 Erica Court & Add Boxa Roton FL Remove 33496 - USA ☐ Change ☐ Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		_
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E. Effective date, if other than the date of filing: 071015 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	i.0207 (3) ed as the)(b) :
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli (b) The 90th day after the record is filed.	er of:	
Dated <u>July</u> 0 1, 2015		
Signature of a member or authorized representative of a member		
Worrisa R Demonstance Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00