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15 MAR 31 PH 12: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

224/20

COVER LETTER

Divi	ision of Corpoi	rations			
SUBJECT:	TREASUR	E COAST REFERRAL	S, LLC		
		Name of Limite	d Liability Company		
The enclosed	Articles of Am	nendment and fee(s) are subm	itted for filing.		
Please return	all corresponde	ence concerning this matter to	the following:		
		JENNIFER ATKISSO	N-LOVETT		
			Name of Person		
		TREASURE COAST	REFERRALS, LLC	;	
			Firm/Company		
		729 S. FEDERAL HWY, SUITE 100			
			Address	···	
		STUART, FL 34994			
			City/State and Zip Code		
	<u>.</u>	jenniferalovett@gmail.			
		E-mail address: (to	be used for future annual re	eport notification)	
For further in	formation conc	erning this matter, please call	:		
Jennifer A	Atkisson-Lov	vett	772 215 Area Code	5-4545	
	Name of Pe	erson	Area Code	Daytime Telephor	ie Number
Enclosed is a	check for the f	following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

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 SECRETARY OF STATE TALL AHASSEE, FLORIDA **OF**

FILED

15 MAR 31 PM 12: 32

TREASURE COAST REFERRALS, LLC

(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 Lial Florida document number <u>L15000019816</u>	bility Company	were filed on 1/27/2015	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	<u>he limited liabi</u>	lity company here:	
The new name must be distinguishable and end with the we	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered offi	· ·		ords, enter the name of the new
Name of New Registered Agent:	JENNIFER /	ATKISSON-LOVETT	
New Registered Office Address:	729 FEDER	AL HWY, SUITE 100	_
		Enter Florida street ad	dress
	STUART	,	, Florida <u>34994</u>
		City	Zip Code
New Registered Agent's Signature, if changing Re	gistered 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARY ANN VILLALVA	729 S. FEDERAL HWY, SUITE 100	= Add
		STUART, FL 34994	Remove
AMBR	JENNIFER ATKISSON-LOVETT	729 S. FEDERAL HWY, SUITE 100	
		STUART, FL 34994	Remove
			Remove
			Add
			Remove
			□ Remove
			□ Add
			□ Remove

If amending any other information, ente	r change(s) here: (Attach aa	lditional sheets, if necessary.,
v		
,		
		-
Effective date, if other than the date of fi (The effective date must be specific, cannot be prior to the date this document is filed by the Florida Depart	ling: o date of receipt or filed date and cament of State)	(optional) nnot be more than 90 days after
Dated MARCH 26	2015	
maryan	Villalva f a member or authorized represent	
•	t a member or authorized represent	ative of a member
MARY ANN VILLALVA		
	Typed or printed name of sign	ce

Page 3 of 3

Filing Fee: \$25.00