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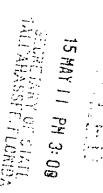
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Holbert Foot and Anlike Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dr. Welson Holbert Name of Person
Holbert Foot and Anlele Firm/Company
(225 Fox TD/ Address
E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (970) Z/Co 00 // Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ 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

Holbert Foot and A (Name of the Limited Liability Company a (A Florida Limited Liabi	Aulele, LL sit now appears on c	our records.)			
		. /				
The Articles of Organization for this Limited Liability Company wer	e filed on	129/20	15	and ass	signed	
Florida document number <u>L 150000 75718</u>	c incu on	-4-	·	HIC COS	ngneu	
Florida document number LF30000 +3 + (0						
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 C	Company," the designa	tion "LLC"	or the abbrevia	ation "L	L.C."	-
•	-					
Enter new principal offices address, if applicable:				•		-
(Principal office address MUST BE A STREET ADDRESS)						-
						_
						-
E-4						
Enter new mailing address, if applicable:			··	-		•
(Mailing address MAY BE A POST OFFICE BOX)						-
						_
			٠ . سنڌ			
B. If amending the registered agent and/or registered office	address on our	records,	enter the	nańie	of the	new
registered agent and/or the new registered office address here:			26 (20) (20)			
			22 mil	~		
Name of Name Desistered Assessed			쪽쪽		\$*************************************	
Name of New Registered Agent:		<u> </u>	. G	_ 	· Pagery	-
New Registered Office Address:			<i>₩</i> .	د	J. A. S. Greating	
	Enter Florida st	reet address	المالية المالية العراق المالية	0		•
		6 71	E.E.	€		
<u> </u>	Citv	, Flor		p 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Holbert, Dennis Al	1225 Fox Dr Forglewood, FL 34223	Add
	DD5	Faglewood, FL 34223	Remove
			Change
			
			□ Remove
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