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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

	Registration Se Division of Cor					
CIID IEC		& ASSOCIATES LLC				
SUBJEC	.1;	Name of Lim	ited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		BRANDY PATTISON				
			Name of Person	, s		
			Firm/Company			
		740 TESTERMAN CT				
			Address			
		LEHIGH ACRES FLORIE	DA 33974			
			City/State and Zip Code			
		TY@TEAMPATTISON.CO		SE SE	201	
For furth	er information c	E-mail address: ( oncerning this matter, please ca	to be used for future annual report notificantli:	ation) CRETAL	2015 SEP 1.1	Canada
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	Name o	f Person	Area Code Daytime 1	Felephone Number (2012)	<b>4: 12</b>	
Enclosed	l is a check for th	ne following amount:				
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Certificate of Certified Co (additional cop	f Status & py	

MAILING ADDRESS:

**≠**Nr

TO:

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

#### PATTISON & ASSOCIATES LLC

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

(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  $\frac{07/28/2015}{1}$ and assigned Florida document number <u>L15</u>000128589 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: Enter Florida street address

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 ameading 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>	<u>Address</u>	Type of Action
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