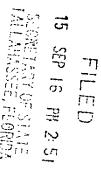
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SEP 1 7 2015

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Touch of Love 8 Compassion LLC

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:

For further information concerning this matter, please call:

Name of Person

Touch of Love & Compassion

Firm/Company

9918 Dean Caks Ct.

Address

City/State and Zip Code

**E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Section Code**

Name of Person

Area Code**

Daytime Telephone Number

Enclosed is a check for 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)

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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

Touch of Love & Gampassion 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 Liability Company wer Florida document number <u>L15000129222</u>	e filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company hame		
A. If affecting name, enter the new name of the minited naporty	company nere:		
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)		A STATE OF THE PARTY OF THE PAR	
	A .	野中コ	
Enter new mailing address, if applicable:	NA	SER 5 E	
(Mailing address MAY BE A POST OFFICE BOX)	1 -6		
		.022 2	
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B. If amending the registered agent and/or registered office	address on our re-	cords, enter the name of the r	
registered agent and/or the new registered office address here:			
	1/4		
Name of New Registered Agent:		***************************************	
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	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 i	

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 **Type of Action Title** <u>Name</u> <u>Address</u> 11AD.CMZ 9918 Dean Oc ☐ Change AMBR Jesenia D.Cenz □ Change □ Add □ Remove Change _□-Remove ☐ Change ☐ Add ☐ Remove _□ Change _□ Add □ Remove □ Change

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Page 3 of 3

Filing Fee: \$25.00