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JUL 19 2016 S. YOUNG

## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: 5V	Vavon Raoli, Name of Limi	LMHC, LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are subt	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Sharo	M Radi, LMHC Name of Person	
	_ Sharer	Raoli LMHC, Firm/Company	LLC 3 FR
	2665 5.	Bayshove Dr.	Suite 220-18
	Coconut Smaron.	City/State and Zip Code  Paoli O amail. La o be used for future annual report notifica	Suite 220-18 8 2:52
	E-mail address: (t	o be used for future annual report notifica	ation)
For further information cor	ncerning this matter, please ca	ill: ,	
Sharon Name of I	Raoli	at ( <u>786</u> ) <u>250 - 2</u> Area Code Daytime T	elephone 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)

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**

SNAVON Raoli, L (Name of the Limited Liability Compa (A Florida Limited L	MHC, LLC  ny as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 15000149428</u> .  This amendment is submitted to amend the following:		20(5 and assigned
A. If amending name, enter the new name of the limited liabi	lity company here:	
The New name must be distinguishable and contain the words Limited Liabil	ity 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)	21665 S. S Svite 22 Caonut Gi 21665 S Svite 220 Caonut E	Bayshore Dr. 18 nove, FL 33133 Bayshove Dr. 2 -18 Prove (FL 33133 %)
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		. Florida
	City	Zip Code
New Peristered Agent's Signature if changing Peristared 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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