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## **COVER LETTER**

TO: Registration Se Division of Cor		•	
SUBJECT:	each Medic Name of Lim	LLC ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	ucas	Name of Person	<del></del>
	Beach	Media L2C Firm/Company	
	11082	windsor Place	CR.
	Tampa	City/State and Zip Code	
	E-mail address: (	LIOW Tahoo, com to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	all:	
Lucas G	r Person	at ( <u>727</u> ) <u>599 - C</u> Area Code Daytime	COL \ Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	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 Business Courter Circles 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	Liability Company Florida Limited Lia	as it now app bility Company	ears on our records.)		
The Articles of Organization for this Limited Liab		ere filed on _	9/22/16	and assig	ned
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	e limited liabili	ty company	here:		
The new name must be distinguishable and contain the word	s "Limited Liability	Company," the	e designation "LLC" or the	abbreviation "L.L.	C."
Enter new principal offices address, if applicab	le:			<del></del>	<del></del>
(Principal office address MUST BE A STREET.	ADDRESS)			DIVISION	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>2x)</u>			or conferm	
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address	on our records, <u>ente</u>	r the name of	the new
Name of New Registered Agent:	Daviet	P. W	toon	•	
New Registered Office Address:	125 4	Enter F	Larles Bluck Horida street address		CARD STAY
	oldsm	City	, Florida _	34677 Zip Code	
New Registered Agent's Signature if changing Rec	istored Agent:				

New Registered Agent's Signature, it 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>	Name	Address	Type of Action
MGR	David P. Wilson	125 Forest laves BIV	oldsmar, Fl 34677
		<u></u>	□ Remove
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			Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
ON OF CURPORATIONS	=
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20HS	
E. Effective date, if other than the date of filing: 9 00 (optional)  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the record is filed.	:
Dated 9/32/16  Signature of a member or authorized representative of a member	
Lucas Gazel Typed or printed name of signee	

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Filing Fee: \$25.00