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COVER LETTER

	Registration Sec Division of Corp			
CUD IE		MORRIS ARNP-BS LLC		
SUBJEC	CT:		ted Liability Company	
The encl	osed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please re	eturn all correspon	dence concerning this matter t	to the following:	
		MICHELLE MORRIS ARI	NP-BS LLC	
			Name of Person	
		MICHELLE MORRIS		
			Firm/Company	
		6570 POINTSETTIA AVE	S	
			Address	· · · · · · · · · · · · · · · · · · ·
		ST PETERSBURG FL 337	707	
			City/State and Zip Code	
		MCMRNINTV@MSN.COM		
		E-mail address: (t	o be used for future annual report notific	ation)
For furth	er information co	ncerning this matter, please ca	ll:	
МІСНЕ	LLE MORRIS		727 512-9641 at ()	
	Name of	Person	at ()	Felephone Number
Enclosed	d is a check for the	e following amount:		
		■ \$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

MICHELE MORRIS ARNP-BS, LLC					
(Name of the Limited Lint (A Flor	bility Company as it now appears on rida Limited Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 1/19/20	016	and as	ssigned	
This amendment is submitted to amend the following:	:				
A. If amending name, enter the new name of the li	mited liability company here:				
MICHELLE MORRIS ARNP-BC, LLC					
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	ation "LLC" or the abbi	eviation "I	L.C."	_
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADI	DRESS)				
			<u> </u>	(C)	
) - · · · · · · · · · · · · · · · · · ·	<u> </u>	## :
Enter new mailing address, if applicable:				<u>, co</u>	Gary 4 rak njiriya wi s
Mailing address MAY BE A POST OFFICE BOX)	***************************************		(<i>t</i>)		¥
77 WILLIAM CONTROL OF THE STATE				T.A.	<u>.</u>
B. If amending the registered agent and/or reg	rictored office address on ou	r records enter ti	he nome	TT.	
registered agent and/or the new registered office ad	•	records, enter ti	те паше	QP .tm	V HOT
Name of New Registered Agent:					_
New Registered Office Address:					
	Enter Florida si	treet 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 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 = N AMBR = A	Ianager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
		· · · · · · · · · · · · · · · · · · ·	Add
			C Remove
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			☐ Remove
			☐ Remove
			□ Change

Effective date, if other than the date of filing: In a 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 605.020 days. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records. The 90th day after the record is filed. Signature of a member or authorized representative of a member MICHELLE MORRIS Typed or printed name of signee		
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Filing Fee: \$25.00