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	gistration Section vision of Corporations		
SUBJECT	ALL A	M&MCA HOME Some of Limited Liability Company	Enviais LC
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ### CHAFL FLEWARDIN Name of Person ###################################			
Please retur	n all correspondence concerning thi	matter to the following:	
	Division of Corporations DIJECT: ALL MERICA Hour SUrvives LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Enclosed (additional copy is enclosed) The enclosed Articles of Amendment and fee(s) are submitted for filing fee. The enclosed Articles of Enclosed (additional copy is enclosed) The enclosed Articles of Enclosed (additional copy is enclosed) The enclosed Articles of Enclosed (additional copy is enclosed)		
	395G -	town Center Blud Address	1.74485
	Division of Corporations ECT: All MEMICA Hour Survey of Life Name of Limited Liability Company Inclosed Articles of Amendment and fee(s) are submitted for filing. Preturn all correspondence concerning this matter to the following: MI CHAEL FLUENCIAL I SURVEYS CLC. Firm/Company Address Address DRIANDS FL 32834 City/State and Zip Code Lizzella Fluencial Status Code France Code MICHAEL FLUENCIAL Status		
SUBJECT: All Medica House Server as Ill 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: All Amend Ferson All Amenda Formal Servers (II) Name of Person Address Defands FC 3283-) City/State and Zip Code Liability Fee (Ity/State and Zip Code Liability Fee (Ity/State and Zip Code Liability Fee (Ity/State and Zip Code Michael Feeson Area Code Daytine Telephone Number Enclosed is a check for the following amount: TS25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificate Copy (additional copy is enclosed)	notification)		
For further			
	MICHAEL FLAWA	Area Code Day	5 7-9 3 4 extime Telephone Number
Enclosed is	a check for the following amount:		
\$25.00		tatus Certified Copy	Certificate of Status & Certified Copy
			=

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL AMENIC	
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number 2600041717 .	inpany were filed on $\frac{2/23/25/6}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	<u>ss)</u> <u> </u>
	70
Enter new mailing address, if applicable:	<u> </u>
• • • • • • • • • • • • • • • • • • • •	Sc P III
(Mailing address MAY BE A POST OFFICE BOX)	100 w
	<u> </u>
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	Enter Floria'a 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 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>	<u>Name</u>	Address	Type of Action
MGR	JOSPH FLRUNDANI	6073 FINDER CT.	
		Orlando, Fc. 32837	DRemove
			□Change
MGR	MICHAEL FERNAND	IVI 6073 Finder d.	CĒĀdu
		ORLANDO, Fl. 32837	P □Remove
			□ Change
			Add 20 150 150 Remove
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ective date, if other than the date of filing:	(optional)	
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	
te: If the date inserted in this block does not meet the applicable statutory tument's effective date on the Department of State's records.	titing requirements, this date will not	ne fisied a
cord specifies a delayed effective date, but not an effective time, at 12:01 a s filed.	i.m. on the earlier of: (b) The 90th do	y after the
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cd 11/16/2020		
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Signature of a member or authorized represent	en	