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## **COVER LETTER**

SUBJECT: ARCA ICAL Particles of Amendment and feet(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  TRACE BRIGHT  Name of Person  Area Code  Critificate of Status  Certificate of Status  MAILING ADDRESS: Registration Section Division of Corporations  Name of Limited Liability Company  TRACE Code  Criticate of Status  Ciny/State and Zip Code  Ciny/State and Zip Code  Ciny/State and Zip Code  Daytime Telephone Number  Certificate of Status  Certificate Of Status  Certificate Copy (additional copy is enclosed)  MAILING ADDRESS: Registration Section Division of Corporations  Trace Code  STREET/COURIER ADDRESS: Registration Section Division of Corporations	TO: '	Registration Se Division of Cor	ection porations			
Please return all correspondence concerning this matter to the following:    Transport	SUBJE	СТ: <u>А</u>	Name of Lim	ited Liability Company	ny and	Cocare, L
Second   S	The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Firm/Company    Delay Research   33 4/81   Address   To be used for future annual report notification   100 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Please r	eturn all correspo	ondence concerning this matter	to the following:		
City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  There is a check for the following amount:  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certificate Opy (additional copy is enclosed)  MAILING ADDRESS:  Registration Section  Registration Section  City/State and Zip Code  Address  Address  Address  S56.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate Opy (additional copy is enclosed)						
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  These Bright at (561) 2.78 - 278						_
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    Area Code			Dela	Address Address	<u> </u>	<u>-6</u> )8 <u>3</u>
Name of Person  Area Code  Daytime Telephone Number  Area Code  Daytime Telephone Number  S25.00 Filing Fee  S25.00 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)  MAILING ADDRESS:  Registration Section  Registration Section	For furt	har information o		to be used for future annual report	notification)	2815 NO
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P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		Registr Divisio P.O. B	ration Section on of Corporations ox 6327	Registration Se Division of Co Clifton Buildir 2661 Executive	ection orporations ng e Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

•
ity Company were filed on 10/21/16 and assigned
<u>899</u>
ng:
limited liability company here:
"Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."
· NA
DDRESS)
<i>N P</i>
registered office address on our records, enter the name of the new address here:
me Th
Enter Florida street address
, riorida(***); ; ; =

## 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:

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MGR = Ma AMBR = Au	nager thorized Member		·
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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The 90th day after the	record is filed.					
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	Signature of a member	r or authorized representa	tive of a member			

Page 3 of 3

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