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D. SCOTT FEB 1 4 2017

COVER LETTER

TO:	Registration Section Division of Corporations
	Commence of the Commence of th
SUBJE	ECT: National Foot Centers Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Clediner Supreme Dorvil Name of Person
	National Foot Centers, LLC Firm/Company
	3800 W 12 th Ave
	Hialeah FL 33012 38 3 T
٠٠٠	In Fo & National Foot Centers. com E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
<u></u>	lediner 5. Dorvi at (305) 741 5064 Name of Person Area Code Daytime Telephone Number
Enclos	et is a check for the following amount:
\$2.	5.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) Solution Filing Fee Scriffied Copy (additional copy is enclosed) Solution Filing Fee Scriffied 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

National Foot	Centers.	LLC_
(Name of the Limited Liability Com	pany as it now appears on our d Liability Company)	records.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L16000216304</u>	ny were filed on OI	8/17 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	ability company here:	
The new name must be distinguishable and contain the words "Limited Liz	ability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		FILE REFARYI
(Mailing address MAY BE A POST OFFICE BOX)		
		00 3 52 52 52 52 52 52 52 52 52 52 52 52 52
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida stree	et 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 Title Name **Address** Type of Action Clediner & Dorvil 3800 W 12th Avenue AMBR Hialeah F1 3301Z ☐ Change AMBR Jodee Brown 3800 W 12th AUC DAdd Hialeah Fl 330/2 □ Remove □ Add □ Remove ☐ Change ☐ Remove ☐ Change ☐ Remove

☐ Change

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Filing Fee: \$25.00