L16000218334

(Re	questor's Name)	
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PRETARY OF STATE

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COVER LETTER

TO: Registration Se Division of Cor						
	Neck, LLC					
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Bret Jones					
		Name of Person				
	Bret Jones PA					
		Firm/Company				
	700 Almond Street					
		Address				
	Clermont, FL 34711					
	KWALLS@BRETJONESP	A.COM to be used for future annual report notific				
	·	-	cation)			
For further information co	oncerning this matter, please co	all:				
Erica Nickerson		352 394-4025 at ()				
Name of	f Person	Area Code Daytime	Telephone Number			
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	□ \$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

Pain In The Neck, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{12/1/2016}{1}$ and assigned Florida document number L16000218334 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida 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

Page 1 of 3

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
AR	Kay Walls	700 Almond St, Clermont, FL 34711	
			■ Remove
		***	☐ Change
RA	Erica Nickerson	700 Almond St, Clermont, FL 34711	□ Add
			■ Remove
			Change
MGR	Prince Fielder	700 Almond St, Clermont, FL 34711	■ Add
			Remove
			☐ Change
Sec	Erica Nickerson	700 Almond St, Clermont, FL 34711	Add
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