L17000054767

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

TO:		gistration Se ision of Cor		,	
CHD	IFCT.		IG CANCER NOW, LLC		
SUD,	JECT:		Name of Lim	ited Liability Company	
The e	enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	se returr	all correspo	ndence concerning this matter	to the following:	
			SUSAN R CHANEY		
				Name of Person	•
				Firm/Company	
			***************************************	Address	
			NICEVILLE/FLORIDA 33	25/8	
			cnschaney@cox.net	City/State and Zip Code	
			•	to be used for future annual report notifi	cation)
For f	urther i	nformation co	oncerning this matter, please ca	all:	
SUS.	AN R C	HANEY		850 855-7403 at ()	
	****	Name of	f Person	Area Code Daytime	Telephone Number
Enclo	osed is a	a check for th	ne following amount:		
s	525.00 F	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

BEAT LUNG CANCER NOW, 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 March 09, 2017 and assigned Florida document number L17000054767 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Susan R. Chaney	4458 Huntington Circle	≅ Add
		Niceville, Florida 32578	□ Remove
			□ Change
			Add
			□ Remove
			☐ Change
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fective date, if other than the meffective date is listed, the date in this listed in this listed in this listed attenuant's effective date on the	block does not meet the a	pplicable statuto	(o ng or more than 90 days ry filing requirements,	ptional) after filing.) Pursuant to 605,020 this date will not be listed a
record specifies a delaye The 90th day after the re		t not an effec	tive time, at 12:0	$\mathfrak 1$ a.m. on the earlier $\mathfrak c$
ted March 28	2017	··		
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee