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# **COVER LETTER**

TO: Registration Section Division of Corpor		•	
SUBJECT:	CFORIDA Name of Limi	ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Dica	Name of Person	
	THO	FICTIDA, LL Firm/Company	<u>-C</u>
	_ 206_	1 Sw (ran) Address	ouryst.
	PSI,	City/State and Zip Code	
-	E-mail address: (1	City/State and Zip Code  City/State and Zip Code  to be used for future annual report notifice	cation)
For further information conc			. '
Di Ce y Soname of Pe	rson	at ( 778) 818 - Area Code Daytime	- 1755
Enclosed is a check for the f	ollowing 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

THCFIORIAC			
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears of ted Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Comp	any were filed on	3/28/2017	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here	<b>:</b>	
<i>+</i>	2 n		
The new name must be distinguishable and contain the words "Limited I	iability Company," the design	gnation "LLC" or the abbre-	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2		
		<del></del> <del></del>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ur records, <u>enter th</u>	e name of the nev
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

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
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an effective date is listed, the doctor. If the date inserted in	ate must be specific and can this block does not meet	not be prior to date of fil	ling or more than 90 days a	firer filing.) Pursuant to 605.03 this date will not be listed
ocument's effective date on			,	
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e record specifies a de	layed effective date	e, but not an effe	ctive time, at 12:0	1 a.m. on the earlier
The 90th day after th	e record is filed.			
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Filing Fee: \$25.00