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(Requ	iestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

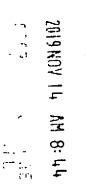
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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

Judith Quir			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Judith Beringer Ossian		
	Judith Ossian, LLC	Name of Person	
	1881 Castle Woods Dr.	Firm/Company	
	Clearwater, Florida 33759	Address	
	judyquinn45@gmail.com	City/State and Zip Code	
For further information a	E-mail address: (oncerning this matter, please ca	to be used for future annual report notifi	cation)
Judith B. Ossian	oncerning this matter, piease ca	813 523-7331	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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)
Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURING Registration Section Division of Corpora	1

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Judith Quinn LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records Liability Company)	<u>r.)</u>
The Articles of Organization for this Limited Liability Company Florida document number 1.17000144384	were filed on July 5, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Judith Ossian, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1881 Castle Woods Dr.	201
(Principal office address MUST BE A STREET ADDRESS)	Clearwater, Florida 33759	80 80
		,
Enter new mailing address, if applicable:		∞ ⇒
(Mailing address MAY BE A POST OFFICE BOX)		1-13 F
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter Florida street address	;
	, Flo	orida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	Zip Grac
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I fur performance of my duties, an provided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
Mgr	Judith B. Ossian	1881 Castle Woods Dr. Clearwater, Florida 33759	□ Add
			☐ Remove
			Change
Judith Quinn Mgr	Judith Quinn	1881 Castle Woods Dr. Clearwater, Florida 33759	
			■ Remove
			Change
			Add
			☐ Remove
			Change
			Add
		☐ Remove	
			☐ Change
			□ Add
		□ Remove	
			Change
			
			□ Remove
			☐ Change

). II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
	11 1 2010
	ive date, if other than the date of filing: (optional)
Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
f the re b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	11/11/2019
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00