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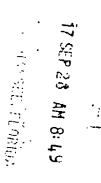
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
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COVER LETTER

	egistration Secion Secion of Corp							
CUDIECT		Yoskowitz LLC						
SUBJECT:Name of Limited Liability Company								
The angles	ed Articles of	Amendment and fee(s) are submitted for filing.						
Please retu	ırn all correspoi	ondence concerning this matter to the following:						
		Peter J. Pike, Esq.						
		Name of Person						
		Pike Law Firm, PA						
		Firm/Company						
		2716 Fruitville Road						
		Address						
		Sarasota, FL 34237						
		City/State and Zip Code						
		peter@pikerelaw.com						
		E-mail address: (to be used for future annual report notification)						
For further	information co	oncerning this matter, please call:						
Peter J. Pi	ke, Esq.	941 312-2580 at ()						
	Name of	f Person Area Code Daytime Telephone Number						
Enclosed is	s a check for th	he following amount:						
\$25.00) Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

Morris and Yoskowitz LLC		
(Name of the Limited	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
	bility Company were filed on September 21, 2017	and assigned
Florida document number L17000195894	<u></u> ·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
		k
	r registered office address on our records, <u>ente</u>	r the name of the new
registered agent and/or the new registered offi	ce address here:	S2: •
		量
Name of New Registered Agent:		3 · CO / -
		4
New Registered Office Address:	Enter Florida street address	
	Florida _	Zip Code
	City	and Cour

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>	Name Address Mariah Morris 214 Tampa Avenue West Venice, FL 34285	Type of Action	
MGR	Mariah Morris	214 Tampa Avenue West	≅ Add
		Venice, FL 34285	Remove
			☐ Change
			Add
			🗖 Remove
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	s a delayed effe fter the record is		te, but n	ot an ef	fective t	ime, at 1	12:01 a.m	, on th	e earli	ier
September 26			2017							
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00