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COVER LETTER

Division of Co	rporations .		
A Special SUBJECT:	Touch Support Services, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Orvie Mizzell		
		Name of Person	
	A Special Touch Support S	Services, LLC	
		Firm/Company	
	234 Winding Cove Avenue	e	
		Address	
	Apopka, Florida 32703		
		City/State and Zip Code	
	Aspecialtouch70@gmail.co		
		to be used for future annual report notifi	ication)
For further information	concerning this matter, please c	all:	
Orvie Mizzell		407 448-2415 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

npany as it now appears on our records.) ed Liability Company)	
ny were filed on October 11, 2017	and assigned
ability company here:	
ability Company," the designation "LLC" or the	abbreviation "Lat. C."
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office address on our records, <u>ent</u> nere:	er the name of the new
	<u> </u>
Enter Florida street address	
, Florida	Zip Code
•	zip Coae
	ability company here: ability Company," the designation "LLC" or the formula office address on our records, enterer: 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.

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
MGR	Lashay Johnson	234 Winding Cove Avenue	□ Add
		Apopka, Fl 32703	■ Remove
			Change
AMBR	Will Lewis	234 Winding Cove Avenue	
		Apopka, Fl 32703	Remove
			☐ Change
AMBR	Adolf Mizzell	234 Winding Cove Avenue	☐-Add
		Apopka. Fl 32703	☐Add Remove
			O Change
			
			Remove
			☐ Change
		.	Add
			☐ Remove
			Change
			Add
		 	Remove
			Change

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Tective date, if other than the an effective date is listed, the date in	e date of filing:	November 17	, 2017	(6	optional)	
on effective date is listed, the date mote: If the date inserted in this l	ust be specific and c	annot be prior to	date of filing or	more than 90 days	after filing.) F	ursuant to 605,0207
ocument's effective date on the			ne statutory in	mg requirements	, titis date w	iii not be usted us
record specifies a delaye		ite, but not	an effective	time, at 12:	01 a.m. or	n the earlier of
The 90th day after the re	cord is filed.					
November 17		2017				
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Λ	131 -					
\ >				ve of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00