## 11700119257

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D. SCOTT NOV 8 2017

## COVER LETTER

TO:		istration Sec ision of Corp					
CHRI	ECT:	FAMILY VA	ALUES OF FLORIDA, LLC.				
3000	r.c.i.		Name of Limi	ited Liability Company			
			Amendment and fee(s) are sub-				
Please	e returr	all correspon	dence concerning this matter	to the following:			
			JOSHUA C. WELLS, AT	FORNEY AT LAW			
				Name of Person			
			WRIGHT & CASEY, P.A.	,			
	Firm/Company 340 NORTH CAUSEWAY						
				Address			
	NEW SMYRNA BEACH, FL 32169						
				City/State and Zip Code			
			DONNA@SURFCOASTL	AW.COM to be used for future annual report notification	=======================================		
For fi	arther i	nformation co	oncerning this matter, please co	·	FLLAĤASSEL	- AUA 1488	77
JOSI	IUA C	. WELLS, ES	QUIRE	386 428-3311 at ( )		0	17
		Name of		Area Code Daytime Tele	phone Number	A II: 29	O
			e following amount:		December 1		
<b>₩</b> 5	25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &	

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

FAMILY VALUES OF FLORIDA, LLC.				
( <u>Name of the Limited Liability</u> (A Flonda	y Company as it now appears on our record Limited Liability Company)	<u>s.</u> )		
The Articles of Organization for this Limited Liability Co Florida document number L17000219257	ompany were filed on OCTOBER 23, 20	017	_ and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and contain the words "Limit				
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u></u>	[2]	
	<del></del>			f expet
			¥U.	
B. If amending the registered agent and/or regist		s, <u>enter-th</u>	•	of the no
registered agent and/or the new registered office addr	ess nere:	##1 {***	σ	<u> </u>
		<u> </u>	>	
Name of New Registered Agent:				
			.>	
New Registered Office Address:		·	_و_	
	Enter Florida street addres	S		
	, Flo	orida	_	
	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>	Name	Address	Type of Action
AMBR	ALECIA HORTON WILLIAMS	2401 S. ATLANTIC AVE, B606	
		NEW SMYRNA BCH, FL 32169	Remove
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		OCTOBER 2	23 2017		LÇKI	# 2	
ective date, if other than to effective date is listed, the date is	he date of filing	cannot be prior to	o date of filing or m	ore than 90 days :	ptional) ifter filing.) P	ursuant to	605.020
te: If the date inserted in this ument's effective date on the	block does not n	neet the applical	ole statutory filin	g requirements,	this date wi	ll not be l	isted a
record specifies a delay he 90th day after the r		late, but not	an effective t	ime, at 12:0	1 a.m. or	ı the ea	rlier (
ed NOVEMBER 2		2017	_ ·				
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Typed or printed name of signee

Filing Fee: \$25.00