

(Requestor's Name)
(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:

Office Use Only



400340598044

02/13/20--01029--009 **43.75



COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations			
SUBJECT:	Operation T	rangition LL ted Liability Company	.C
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Timoth	y N Madden Name of Person	
	Oper	Transition Firm/Company	LLC_
	1099 C	Mallon Dl. R	
	Pra	City/State and Zip Code	da FL 33950
	E-mail address: (t	m@ execuparades o be used for future annual report not	. COM fication)
For further information co	oncerning this matter, please ca	all:	
Timothy 1	V. Madden Person	at (<u>954</u>) <u>594</u> Area Code Daytin	- 57 4 Z ne Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Operation	Transition LL
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L17000226886</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability Executive Carer Upgrad The new name must be distinguishable and contain the words "Limited Hability Enter new principal offices address, if applicable:	ity company here: OS LLC y Company," the designation "LLC" or the abbreviation "LLC" 1099 Cimation Dr.
(Principal office address MUST BE A STREET ADDRESS)	Punta Gorda, FL 33950
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	1099 Cimarron Dr. Punta Gorda, FL 33950
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Tim	othy Niosh Madden Cimacion Dr.
	Enter Florida street address
Punta	Gorda Florida 33950

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
		<u></u>	□Add
			Remove
		<u> </u>	□ Change
			Remoye
			i ☐ i ☐ i ☐ i ☐ i ☐ i ☐ i ☐ i ☐ i ☐ i ☐
			E Remove
			□Add
			Remove
		· .	□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	207° ' '
		. 63
•		
		<u> </u>
		7 5 5 5
		<u>.</u>
(If an e Note:	tive date, if other than the date of filing: ASAP (optional) (fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) P If the date inserted in this block does not meet the applicable statutory filing requirements, this date winent's effective date on the Department of State's records.	ursuant to 605.020 If not be listed a
ie reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The Giled.	90th day after the
Dated	ZI-ZU	
	Signature of a member or authorized representative of a member	
	Timothy Niosh Maden Typed or printed name of signee	

1:34

Filing Fee: \$25.00