| (Re | equestor's Name) | |
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| (Ac | ddress) | |
| (Ac | ddress) | |
| | | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| | | |
| (Do | ocument Number) | _ |
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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LISTENNOW HEARING & SPEECH LLC | | | | |
|--|---|------------------------------|--|--|
| (Name of the Limited Liability (A Florida | ty Company as it now appears on our records.) Limited Liability Company) | | | |
| The Articles of Organization for this Limited Liability C Florida document number L18000029799 | and assigned | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limit | ited liability company here: | | | |
| The new name must be distinguishable and contain the words "Lim | ited Liability Company," the designation "LLC" of | or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDR | RESS) | | | |
| | | 18 18 | | |
| | | HAR. | | |
| Enter new mailing address, if applicable: | | TAR IAS | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | 10 13 0 t | | |
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| | | ORIGO DRIVE | | |
| B. If amending the registered agent and/or regis registered agent and/or the new registered office add | | enter the name of the new | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | Enter Florida street address | | | |
| | n. | ea. | | |
| | , Flori | 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> | <u>Name</u> | Address | Type of Action |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00