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## **COVER LETTER**

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	AUSMAN I	DAUGHTER AND ASSOCIA	ATES LLC				
SUBJECT: _		Name of Lim	ited Liability Company				
The enclosed	Articles of a	Amendment and fcc(s) are sub	mitted for filing.				
Please return a	all correspo	ndence concerning this matter	to the following:		7.1	2019	-4
		Jon M. Ausman			2	2819 H:R. 1.1	
			Name of Person	<u> </u>		ή·,	
AUSMAN DAUGHTER AND ASSOCIATES LLC							Ţ
						T	`
			Firm/Company				
		2202 Woodlawn Drive	, ,			Y. 0	
			Address				
		Tallahassee, Florida 3230					
		Ausman@embarqmail.com	City/State and Zip Code	•			
		E-mail address: (	to be used for future annual	report notificati	on)		
For further inf	ormation co	oncerning this matter, please c	all:				
Jon M. Ausn	nan		850 32	107799			
	Name of	r Person	Area Code	Daytime Tel	ephone Number		
Enclosed is a	check for th	ne following amount:					
■ \$25.00 Fil	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		Certified (	e of Status &	
	MAIL	ING ADDRESS:	STREE	r/courier	ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUSMAN DAUGHTER AND ASSOCIATES LLC		
(Name of the Limited Liability Compar (A Florida Limited I.	ny as it now appears on our records.) hability Company)	_ <del></del>
The Articles of Organization for this Limited Liability Company	were filed on 06/08/2018	and assigned
Florida document number L18000142820		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	2019 HAI
AUSMAN AND ASSOCIATES LLC	• • • • • • • • • • • • • • • • • • •	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	ipbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
r new mailing address, if applicable:  Sling address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		r the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
	City	Zip Code

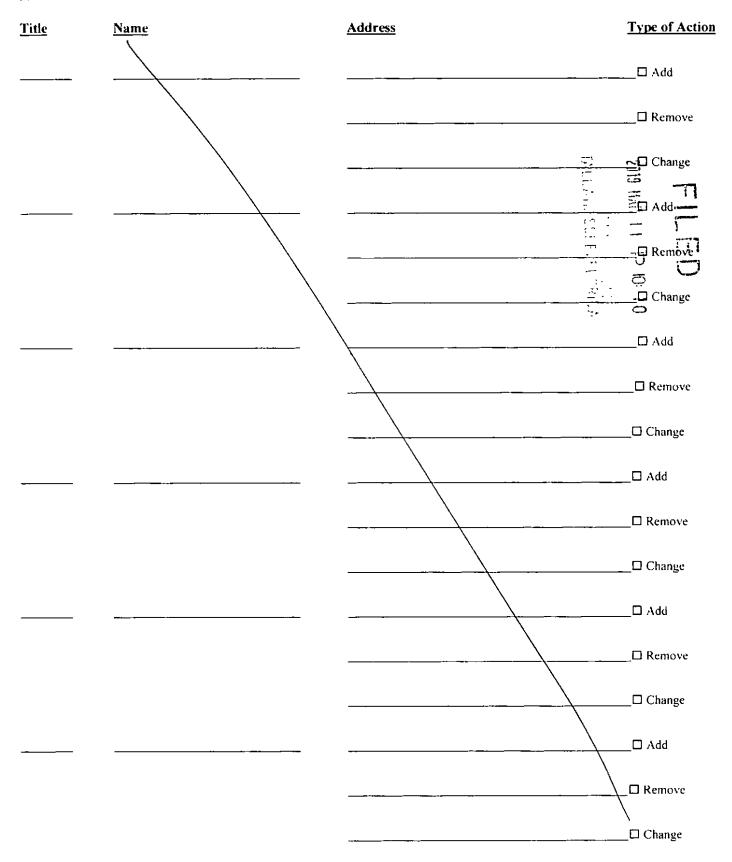
## New Registered Agent's Signature, if changing Registered Agent:

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member



If amending any other information, enter	change(s) never (ass. accounts	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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Effective date, if other than the date of file (If an effective date is listed, the date must be specific a Note: If the date inserted in this block does not document's effective date on the Department of	and cannot be prior to date of filing or more the of meet the applicable statutory filing requ		
he record specifies a delayed effective	e date, but not an effective time,	, at 12:01 a.m. on the earl	ier of:
) The 90th day after the record is file			
Dated 7 MARCH	2019		
Dated 7 MARCH Signature of	I a member or authorized representative of a n	nember	
Jon M. Ausman			
	Typed or printed name of signee		

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