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DEC 19 2019 C MCNAIR

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Ho	Name of Lim	ned Man Sch ited Llability Company	Wice LCC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	19 KG
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	19 NOV 19 AM IS. OF
		Name of Person	0
		Firm/Company	
		wertine for	
		Address	
	Sanfor V	FL 32771	
	home buile E-mail address:	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	cation)
For further information c	concerning this matter, please c		
Con	1 No He	at (<u>407</u>) <u>717 - 6</u> Area Code Daytime	0834
Nam€c	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

inti obbij		
	OF	5
Hime Medic hand Miles (Name of the Limited Liability (A Florida)	Company as it now appears on our record Limited Liability Company)	5.) E
The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{06/12/1}{12}$	70/8 and assigned 7
Florida document number <u>[18000 145 3 45</u>		₩`
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
	131.	
The new name must be distinguishable and contain the words "Limit		
Enter new principal offices address, if applicable:	275 N Ora	nge Ave
(Principal office address MUST BE A STREET ADDRI	ESS) Senford FZ	192 Ave 32771
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on our records ess here:	s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	<i>-</i>
 -		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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
<u>AMBR</u>	Laura Huffel	275 N Orange AVE Sanford FL 32771	C Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			Remove
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		-	🗆 Add
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lan effectiv <mark>Note:</mark> 11 th	date, if other that e date is fisted, the da e date inserted in t s effective date on	te must be specific his block does no	and cannot be of meet the a	applicable sta	f filing or more to	han 90 days afte	onal) r filing.) Pursuant (s date will not b	to 605,0207 (e listed as t
е гесого The 90	specifies a del th day after the	ayed effective e record is file	e date, bu ed.	it not an e	fective time	e, at 12:01	a.m. on the ϵ	earlier of
ated	Nov	4	_, _20	19				
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Page 3 of 3

Filing Fee: \$25.00