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## COVERLETTER

: Registration Se Division of Cor			
arcr. A	TTENT MANAGEN	IENT LICE	
MEC1	Name of Lim	ited Liability Company	
	Amendment and fec(s) are sub		
ise return all correspo	ndence concerning this matter	to the following:	
	Kim	TYACK Name of Person	
	ATTENT	MANAGEMENT LL	_
	N T T C T C T	Firm/Company	
	6981 WERSS	AVENUE, SUITE	3.
	SARASOTA,	PL 3423 \ City/State and Zip Code	
		ismt.Lom to be used for future annual report no	
further information o			tification)
	oncerning this matter, please c	att.	
MOLEN	<del></del>	at (94) 780 3	3439
Name o	f Person	Area Code Dayu	me Telephone Number
osed is a check for th	ac following amount:		
325.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclused)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our rec liability Company)	ords.)
Articles of Organization for this Limited Liability Company	were filed on	and assigned
ida document number		
amendment is submitted to amend the following:		
f amending name, enter the new name of the limited liab	lity company here:	
new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L	
er new principal offices address, if applicable:		2021 SE
ncipal office address MUST BE A STREET ADDRESS)		- 自
		2
		PR PT
er new mailing address, if applicable:		
iling address MAY BE A POST OFFICE BOX)		00
		<del></del>
f amending the registered agent and/or registered office and/or the new registered office address here:	address on our records, <u>en</u> t	er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	Iress
	,	Florida
	City	Zip Code
Registered Agent's Signature, if changing Registered Agent:		
reby accept the appointment as registered agent and agra- visions of all statutes relative to the proper and complete upt the obligations of my position as registered agent as p up filed to merely reflect a change in the registered office pany has been notified in writing of this change.	performance of my duties, provided for in Chapter 60	, and I am familiar with and 05, F.S. Or, if this document is
If Char	iging Registered Agent, Signatu	re of New Registered Agent

removed from our records:

GR = Manager ABR = Authorized Member

t <u>le</u>	<u>Name</u>	Address	Type of Action
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lf t	date, if other we date is listed, the date inserted is effective dat	d in this block	does not m	eet the appli	icable statute	ling or more the ory filing requ	(opt in 90 days afte tirements, th	ional) or filing.) Purs is date will	mant to 605.0207 not be listed as
d sp led.	occifies a delay	ed effective da	ate, but not a	an effective	time, at 12:0	)1 a.m. on the	earlier of: (	b) The 90t	h day after the
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