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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER 4116 2 1 **2018**

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: BUACHS	Name of Limited	Liability Company	
The enclosed Articles of Amendment an	nd fee(s) are submit	ted for tiling.	
Please return all correspondence concer	ning this matter to t	he following:	
	Cyn	Mame of Person	tancour
Bo	achs	Firm/Company	Bar
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RH	laut	Levilale	11333161
	247 De	ity/State/and Zip Code	Medicinion) Con
For further information concerning this	matter, please call:	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Butan Ou	<u> </u>	at (D) HO Area Code Daytim	1-USPF e Telephone Number
Enclosed is a check for the following ar	oount:		
\$25.00 Filing Fee		S55.00 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

on our records.) ed Liability Company as I now appea (A Florida Limited Kiability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

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

New Registered Office Address:

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

Enter Florida street address

MGR = Manager AMBR = Authorized Member □ Remove □ Add Remove □ Change Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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Effective date, if o	ther than the date (of filing: $\sum_{i=1}^{n} \int_{-\infty}^{\infty}$	1912)/2 (ptional)	
(If an effective date is li	sted, the date must be spe serted in this block doo	eific and cannot be p		or more than 90 days.	after filing.) Pursuant to	
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Filing Fee: \$25.00