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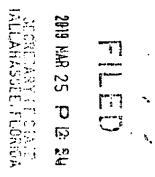
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COVER LETTER

TO:	Registration S Division of Co			
CHINII		tive Center of Sarasota		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		Natalya Evans		
			Name of Person	
		1444 IST STREET, SUIT	Firm/Company E.A.	
		SARASOTA, FL 34236	Address	
		Natalya@yourfamily.legal	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information	concerning this matter, please co	all:	
Nataly	za Evans	of Person	941 275-2785 at ()	e Telephone Number
	.vame	or reison	Area Code Dayinii	e retephone Number
Enclos	sed is a check for	the following amount:		
■ \$2	5.00 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

Collaborative Center of Sarasota, LLC	2019 MAR 25 52 12: 85
(Name of the Limited 1	1919 MAR 25 P 12: 25 Liability Company as it now appears on our records.) Florida Limited Liability Company SECREMARY OF STATE
TA.	SICRUSARY OF STATE
The Articles of Organization for this Limited Liabi	Florida Limited Liability Company) 500RUARY OF STATE STATE AND
Florida document number L18000209276	
forta document ramoer	 '
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of th	e limited liability company here:
Suncoast Collaborative Center, LLC	
he new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	. بم
• • • • • • • • • • • • • • • • • • • •	
<u>Principal office address MUST BE A STREET .</u>	(DDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BO	9X)
R 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 offic	
Name of New Registered Agent:	
Name of New Negistered 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, 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
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
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ective date, if other than the date of fi	lina•		(optional	,
n effective date is listed, the date must be specific te: If the date inserted in this block does not ment's effective date on the Department.	and cannot be prior to t meet the applica	o date of filing or more ble statutory filing re	than 90 days after filing	g.) Pursuant to 605,0207
record specifies a delayed effectiv The 90th day after the record is file		an effective tim	e, at 12:01 a.m.	on the earlier o
he sour day diter the record is life	. . .			
ted March 20	2019			
	11.	_		
	1///	nzed representative of		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00