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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of	Corporations				
SUBJECT:	BCR	AGENT Name of Lin	REFERLAL SERVICE	s <u>س</u> د	
		Name of Lin	med Claumty Company		
The enclosed Articles	s of Amendmen	t and fee(s) are sub	omitted for filing.		
Please return all corre	espondence con	cerning this matter	to the following:		
			Mullay 5 Name of Person	coveryal.	
			BCR. ACENT ROS		
			123 RIGGING	S W+7	
			CLERA OT City/State and Zip Code		· · ·
		E-mail address:	to be used for future annual report notification	ation)	
For further information	on concerning th	nis matter, please c	all:	t eq	
	ne of Person	Coveran	at (312) 400 Area Code Daytime T	S 1511 5	OF 51AF8
Enclosed is a check fo	or the following	amount:			,)
\$25.00 Filing Fee) Filing Fee & ificate 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)	
Reg Div	AILING ADDR gistration Section vision of Corporation of Corporatio	n	STREET/COURIES Registration Section Division of Corporati Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D 0	_	
Name of the Limited Lia	GENT REFERRAL SEA bility Company as it now appears on ou	an ces ccc
(A Flor	rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	y Company were filed on	25/2018 and assigned
Florida document number <u>L18 005 22</u>	7278	•
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "l	imited Liability Company." the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amount and a solution of the		
B. If amending the registered agent and/or registered agent and/or the new registered office ac		records, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t 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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	HURRAY J COLONGI	CLERTY FL 3+711	Add
		CUERMANT FL 34711	Remove
			Change
			□ Add
			🗆 Remove
			Change
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is allicitumg any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	3)(b) he
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.	
Dated Signature of a member or authorized representative of a member	
Mulley Command	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00