L18000734793

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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(Document Number)
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SCULLIARY OF STAIL

JUN 3 0 2022 S. PRATHER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE SE	LUNG CENTER	11c \$ 2
	oility Company as it now appears on our ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 10/03	and assigned
Florida document number <u>L 18000 23 s</u>	1793	and assigned PH
This amendment is submitted to amend the following:		PH 2: 31
A. If amending name, enter the new name of the li	mited liability company here:	(Some)
THE SECUNO	CENTER LLC	,
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)		
Trincipal office address MOST BE A STREET ADD	OKESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		. Florida
	City	, Florida 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

Check # 1100

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
AMBR	SANDRA L. KNOEB	EL 10722 111th ST	🗀 Add
		CANGO, FL 33728	Remove
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If amendi	ng any other informati	on, enter ch	ange(s) here:	(Attach additio	nal sheets, if n	ecessary.)
GV	PLEASE	REN	DOUE	AMB	RAFR	on the
	SANDRA	6.	KNOES	EC		Report
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If an effectiv <u>Note:</u> If th	date, if other than the d e date is listed, the date must l be date inserted in this bloo s effective date on the Dep	oe specific and o	cannot be prior to cet the applicabl	date of tiling or mole statutory filing	ore than 90 days a	otional) fter filing.) Pursuant to 605.0207 this date will not be listed as
document.	we tree date on the tree	and the of the	are s records.			
e record spord is filed.	ecifies a delayed effective	date, but not a	n effective time	e, at 12:01 a.m. o	n the earlier of:	(b) The 90th day after the
ra is med.						2022 Set ALL,
Dated	5.2.20	2.				2022 MAY
		_/	120	1/		7-6 PH
	S	ignature of a m	ember or authoriz	ed representative	of a member	(√ (√ - •
			R	CITARL	, 2, 5	2: 3
			Typed or printed i	name of signee		