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CUDIECT.	Hear For You, LLC.		8	30, 9	71, 0010.
SUBJECT	Name of Limited I	iability Company			
The enclosed	Articles of Amendment and fee(s) are submitte	ed for filing.		J.	bank you
		_			O
Please return	all correspondence concerning this matter to the	e following:			
	John M. Dennis				
		Name of Person			
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: John M. Dennis					
		Firm/Company			ing Fee. The of Status & Copy
	9009 University Parkway Apa	ırtment #47			
		Address			
	Pensacola, FL 32514				
	Ci	ty/State and Zip Code			
	Registration Section Division of Corporations Hear For You, LLC. Name of Limited Liability Company				
	E-mail address: (to be	used for future annual r	report notification)	
For further in	nformation concerning this matter, please call:				
John Dennis			1-3318		
	Name of Person		Daytime Telepl	hone Number	
Enclosed is a	check for the following amount:	<i>k</i>			
: 1 \$25.00 F		Certified Copy		Certificate Certified C	of Status & opy

MAILING ADDRESS:

TO:

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

2018 DEC 13 AM 10: 01 Hear For You, LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on November 06, 2018 and assigned Florida document number ___L18000260045 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address 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

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
MGR	John M. Dennis	9009 University Parkway Apt #47 Pensacola, FL 32514	Add
			Remove
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E Effort	tive date if other than the date of filing:
(If an ef	tive date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.
If the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	e 90th day after the record is filed.
	December 12 2019
Dated	December 12, 2018
	John M. Penn
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member John M. Dennis

Page 3 of 3

Filing Fee: \$25.00