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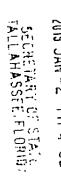
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:DA	VID F SKIDMORE Name of Lin	E REFERRAL LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	75 C.
Please return all correspo	ondence concerning this matter	to the following:	The second
	DAVID F. SKI	Name of Person MORE REFERENCE L Firm/Company	
		Name of Person	
	DAVID F SKID.	MORE REFERRAL L	<u> </u>
		Firm/Company	
	1140 TAMPA	ROAD	
		Address	
	PALM HARBO	R FL 34683	
	davide tampa e	Address R FL 34683 City/State and Zip Code BAY PRC : CO M to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c		
DAVID SK	TDANKE	at (<u>8/3</u>) <u>767-3</u> Area Code Daytime	7878
Name o	r r etson	Area Code Dayinic	receptione realises
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Fiting 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

The Articles of Organization for this Limited Liability Company were filed on 12/05/30/8Florida document number <u>L 18000280450</u>. 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 Office 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 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

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

Type of Action Title Name Address DAUID F SKIDMORE 1140 TAMPARd, PACM HARBUR, FC 34683 AMBR ☐ Remove ☐ Change □ Add ☐ Remove _____ Change __ _D Add ☐ Remove ☐ Change □ Add ☐ Remove _____ Change □ Add □ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00