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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	-
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COVER LETTER

TO: Registration So Division of Cor				
	al Specialty Singer LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Joan Howard			
		Name of Person		
		Firm/Company		
	8134 Nature's Way apt 23			
	Lakewood Ranch, FL 3420	Address 02		
	trhmarketingexpert@gmail.	City/State and Zip Code com		
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	concerning this matter, please ea	all:		
Joan Howard		941 993-5106 at ()		o de Cara
Name o	of Person		e Telephone Number	TARY OF OCCUPANT OF SCHOOL
Enclosed is a check for the	he following amount:			F STA
■ \$25.00 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 State Certified Copy	0,

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

Professional Specialty Singer LLC		
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		19 JUL - 1
B. If amending the registered agent and/or registered registered agent and/or the new registered office address.		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		Zin Code
	CIA	LIU LOOF

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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Owner	EDWARD HOWARD	8134 Nature's Way, apt 23, Lakewood Ranch, FL 34202	■ Add
			☐ Remove
			Change
			Add
			Remove
			Change
			□ Add
			Remove
			Change
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ective	5/31/2019 date, if other than the date of filing: (optional)	
reffectiv <u>te:</u> If t	re 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 6 me date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list effective date on the Department of State's records.	
record he 90	ispecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear th day after the record is filed.	tier of
5/3 ed	1/2019	

Page 3 of 3

Filing Fee: \$25.00