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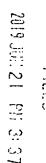
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COVER LETTER

Division of Corporations			
SUBJECT: SOUTHERN	Name of Limited Liability Company		
The enclosed Articles of Amendment a Please return all correspondence conce			
	PASUN ANTRUP Name of Person		
	DUTHERN TOUCH PUOL CARE LLC Firm/Company		
	5 DOGWOOD AVE Address	2019 JUL 21	
JAN	City/State and Zip Code OTRUPIEL AGL. COM E-mail address: (to be used for future annual report notification)	121 PH 3:37	Files
For further information concerning this	is matter, please call:	37	
JASON ANTRUP Name of Person	at (386) 228-5397 Area Code Daytime Telephone Number		
Enclosed is a check for the following a	amount:		
	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee ficate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is considered)	tatus &	
MAILING ADDRE Registration Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida I	Company as it now appears on our imited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L/9000056//0</u>	mpany were filed on <u>02 - 3</u> -	96- <u>2019</u> and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		2019 13
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addressed agent.	ered office address on our re ess here:	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	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

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	SASON ANTRUP	175 DOGOLUNIO AVE, ORANGE CH	Add Add
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