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JUN 2 7 2019 S. YOUNG

COVER LETTER

ΓO: Registration Section Division of Corporations
SUBJECT: Town Muffin Consultation LCC 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:
Thomas Martin
raine William
Firm/Company
Mod 58th AVI Dr. W
Bradenton fe 3400
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (941) A43 1160 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

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

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number 4 1900071131.	21 i
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Liab	•
Enter new principal offices address, if applicable:	19 (AC)
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
Enter new mailing address, if applicable:	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the rere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter v torida sirvet adaress
	, Florida
New Registered Agent's Signature, if changing Registered Agen	City Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with to 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 a or removed from our records: MGR = Manager AMBR = Authorized Member **Address** Title Name 1 Type of Actio DEIRDYE Franceski 5437 Capitan Ave - Add Surustufl 3135 Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

	
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Note: If the	te, if other than the date of filing:
the record s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	day after the record is filed.
Dated	6/14/19-
- · · · · ·	The annathing
	STATE HEROLD THE
	Signature of a member or authorized representative of a member
	The sales
	homas Martin

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Filing Fee: \$25.00