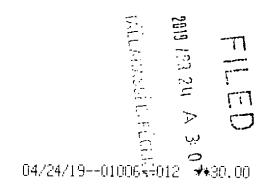
L1900091106

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer	

Office Use Only



200328481272



19 APR 24 AM 10: 34

COVER LETTEB

TO: Registration Division of	n Section Corporations		
SUBJECT:	South Floric Name of Li	la Relief LL imited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	ubmitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
	Micka	Name of Person	
		Firm/Company	00 1 Long
	900	RIVER REGCH	DR Apt 500
	Ft.	City/State and Zip Code	FL 3335 %
		(to be used for future annual report noti	fication)
For further information	concerning this matter, please of	eall:	
Micha	e of Person	at 609 32 Area Code Daytim	5-6465 e Telephone Number
Enclosed is a check for	the following amount:		
□ \$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 Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section

TO:

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

	elief 110
(Name of the Limited Liability Compa (A Florida Limited	ny sa it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 4-8-2011 and assigned
Florida document number <u>L19000097106</u>	were filed on and assigned:
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
South Florida Professions	Services 11
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2621 N Federal HWX
(Principal office address MUST BE A STREET ADDRESS)	77 77
	GOCA RATON FL 3343
	7 > 5
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	· ·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, 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:	

N

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
			□ Remove
			Change
			Remove
			Change
			Add T
			□ Ghange
			□ Add
			Remove
			Change
			Add
			Remove
			☐ Change
			Add
			Remove
			Change

			<u>-</u>	
				_ _
				 -
				
				- -
			2013	
		<u> </u>		- i i
		· · · · · · · · · · · · · · · · · · ·	۶ ا <u>:</u> ? ا	
		• • • • • • • • • • • • • • • • • • •	>	ا ا ا سسع
		-	بې	
			3	
		(optiona	n	
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date ote: If the date inserted in this block does not meet the applicable:	te of filing or more than	00 days after filin	ig.) Pursuar	it to 605.0 be listed
ocument's effective date on the Department of State's records.	statutory thing require	,		
	CC N A River	+ 13.01 a m	on the	aarlie
e record specifies a delayed effective date, but not an The 90th day after the record is filed.	n effective time, a	[12:01 d.II	i. On the	earne
Dated				
		2012		

Page 3 of 3

Filing Fee: \$25.00