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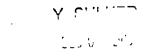
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FILED
2019 HOV -8 PH 5: 20
SECRETARY STATES



COVER LETTER

TO: Registration Se Division of Cor	ction porations		
	NAYA LLC		
SUBJECT:	Name of Lim	aited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Alla P. Barwick		
		Name of Person	
	11503 Savannah Lakes Dr	Firm/Company	
	Parrish, FL 34219	Address	
	alla.barwick@outlook.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further information co	oncerning this matter, please ca	all:	
Alla P. Barwick		941 232-3026	
Name o	f Person		me Telephone Number
Enclosed is a check for th	e 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 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

VOZNAYA LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Composition of Composition (L. 19000097229)	pany were filed on April 8, 2019	and assigned
		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
/ador Family Services LLC		
he new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	
inter new mailing address, if applicable:		2019 SEC
Mailing address MAY BE A POST OFFICE BOX)		- C - S - N - N - N - N - N - N - N - N - N
		25-57 4
		%
 If amending the registered agent and/or registered egistered agent and/or the new registered office address 	d office address on our records, <u>ente</u>	r-the name of the ne
egistered agent and/or the new registered office address	nere:	2: 2: 3
Name of Nam Designated Access		20 ZO
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	- tu o
	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
			□ Remove
			Change
			Add
			Remove
		-	Change
			Remove
			Change
			Remove
			Change
			□ Remove
			Change
			□ Add
			Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
	
Note	tive date, if other than the date of filing:
(b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	Movember 3 2019.
	Signature of a member or authorized representative of a member
	Fill A P. BAR WICK Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00