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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TLC of South Florida, LLC 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:	
Darren Grusky Name of Person	
TLC of Sath Florida, ill Firm/Company 11767 S. Dixie Hwy	
PMB 476 Address Pinecrest Floridie 3356 City/State and Zip Code	
E-mail address: (to be used for future arrival report notification)	
For further information concerning this matter, please call:	Pi
Darren Grusly at (305 778-5018 at (305 778-5018) Name of Person Area Code Daytime Telephone Number	415 40 A8743
Enclosed is a check for the following amount:	計
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	ı

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our reability Company)	ecords.)
The Articles of Organization for this Limited Liability Company of Florida document number \(\begin{align*} \leq \qquad \qquad \qquad \qquad \qquad \qqqqq \qqqqqqqqqqqqqqqqqqqqqqqqqqqqq	lity company here:	C9 2019 and assigned 20 FEB 8 PROPERTY OF THE Abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		THE CHAIN
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11767 S PMB 4 Pinecres	Dixie Hwy 76 +, Fle 33156
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	Enter Florida street a	ddress
	Cuy	, Florida

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 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
7MBR	Diane Grusky	11950 SW 73rd Ane Miani Fla 33156	
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			Change

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