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2019 MAY 17 PH 3: 57

C. GOLDEN

JUN - 3 2019

COVER LETTER

TO:	Registration Se Division of Cor			
cerb FI	MFT, LLC		•	
SUBJI	ECT:		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Nisha Abdullah		
			Name of Person	
			Firm/Company	
		2245 Bispham Road		
		Sarasota, FL 34231	Address	
		nisha.abdullah@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
Nisha .	Abdullah		917 865-0943 at ()	
	Name of	Person		Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$ 2:	5.00 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:

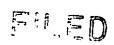
TO:

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



MFT. LLC

2019 MAY 17 PM 3:

M11,121.C		
(Name of the Limited Liabili	ity Company as it now appears on our records.) a Limited Liability Company)	
(A Florida	a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L19000111543</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
MFT Care, LLC		
The new name must be distinguishable and contain the words "Lim	nited 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 ADDR	RESS)	
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 add		er the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
***************************************	City . Frontia	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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
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			Change
 			
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Page 3 of 3

Filing Fee: \$25.00