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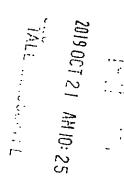
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

Division of Cor	porations		
SUBJECT:	Amity A	Associates LLC 💃	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	indence concerning this matter	·	
	R	tomaine Chamberlain	
		Name of Person	
	A	mity Associates LLC	
		Firm/Company	
	6296 C	Corporate Court Unit A	A201-C
		Address	
	F	ort Myers, FL 33919	
•		City/State and Zip Code	
		nfo@Amityhc.com to be used for future annual report notif	· · · · · · · · · · · · · · · · · · ·
For further information c	oncerning this matter, please co	·	nearion)
	ne Chamberlain	at (_203)997-84	140
	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filling 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
	ING ADDRESS:	STREET/COURI Registration Sectio	
Division of Corporations P.O. Box 6327		Division of Corpor	
	ox 6327 issee, FL 32314	Clifton Building 2661 Executive Ce	enter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Amity Assoc	
(Name of the Limited Liability Compa (A Florida Limited I	<u>ду as it now appears on our records.</u>) nability Company)
The Articles of Organization for this Limited Liability Company for ida document number $\underline{-L}/\underline{\sqrt{9000217729}}$.	were filed on $08/26/2019$ and assigned
This amendment is submitted to amend the following:	
V. If amending name, enter the new name of the limited liab	ility company here:
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6296 Corporate Court Unit A201-C
Principal office address MUST BE A STREET ADDRESS)	Fort Myers, FL 33919
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)	523 Highfield Drive Orange, CT 06477
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	
New Registered Office Address:	AH.
New registered virtue raditess.	Enter Florida street address
	, Florida
	, , 101144

If Changing Registered Agent, Signature of New 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

Title	<u>Name</u>	<u>Address</u>	Type of Action

			☐ Remove
			☐ Change
	·		
			□ Remove
			☐ Change
			□ Remove
			□ Change
		□ Add	
		☐ Remove	
			☐ Change
		🗆 Add	
			□ Remove
			□ Change
			□ Remove
			☐ Change

9. Ham	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an et <u>Note:</u>	ive date, if other than the date of filing: (optional) decrive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	10/15/2019
	Signature of a member or authorized representative of a member
	Romaine Chamberlain

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00