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MCHAIR

COVER LETTER

FO: Registration Section Division of Corpora		·\$		
SUBJECT: Foren	Name of Limite	Day Home He add Liability Company	ath LLC	٠ ١
The enclosed Articles of Ame		_		1 1 30 m
Please return all corresponden	ice concerning this matter to	the following:	v,	
_	Stephan	Name of Person		Para Para
-	 	····		
_	8264 N	W Maddress		
	Olai	FL 34478 City/State and Zip Code	<u> </u>	
_	Moreveron	City/State and Zip Code be used for future annual report notific	. (T) (V)	
For further information concer	rning this matter, please call	:		
Stephenie Name of Pers	Zenkins	at (<u>352</u>) <u>\$04-0</u> Area Code Daytime T	-1538 Telephone Number	
Enclosed is a check for the fol	Howing amount:			
\$25.00 Filing Fee	1 \$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, F1, 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

THE SO THE The Articles of Organization for this Limited Liability Company were filed on 9-16-2019 Florida document number <u>L1</u>9000 23 3890 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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	
			□ Add	
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lf an et <u>Note:</u>	tive date, if other than the date of filing:
he re 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	Det 10-30-19 . 2019
	≤ 1 and ≤ 1

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