Division of Corporations



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COMMUNITY RESOURCE NETWORK OF FLORIDA, LLC $^{\sim}$

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2020 Holds

| ARTICLES | | 7070 P | | |
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| | OF | 2040 119 1 27 | 7 Aii 11: 53 | |
| Community Resc | ource Network of | | | |
| (Name of the Limited Liability (A Florida I. | | | cords.) | |
| The Articles of Organization for this Limited Liability Cor Plorida document number <u>L19000260677</u> | | | | gned |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limite | ed liability comp | pany here: | | |
| The new name must be distinguishable and contain the words "Limite | ed Liability Compar | w," the designation " | LLC" or the abbreviation "L.1 | C." |
| Enter new principal offices address, if applicable: | | | | |
| Principal office address MUST BE A STREET ADDRE | (223 | | | |
| Tritegial office Butters MOST DE A STREET MANAGE | 4837 | - | | |
| | | | | _ |
| Enter new mailing address, if applicable: | | | | |
| | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | - | | | |
| | · ·· | | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | office address o | n our records, <u>en</u> | ter the name of the new | registe |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| _ | ŧ | enter Florida street ad | ldress | |
| | | | | |
| | | | . FloridaZip 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. Thereby 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 | | 2620 | ZhZQ /1/27 All 11: 53 Type of Action | |
|-------------------------------------------|---------------|-----------------------|-----------------------------------------|--|
| <u>Title</u> | Name | Address | Type of Action | |
| MGR | Cole M Caruso | 12751 World Plaza Ln. | | |
| | | Fort Meyers, FL | ■Remove | |
| | | 33907 | □Change | |
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| Note: If the | | e of filing: pecific and cannot be prior to date does not meet the applicable s ment of State's records. | | (optional) days after filing.) Pursuant to nents, this date will not be | o 605.0207 (3), e listed as the |
| the record spec cord is filed | ities a delayed effective dat | c, but not an effective time, a | r F2:(I) a milion the earl | ier of (b). The 90th day | after the |
| Dated | May 18 | 2020 | | | |
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| | Sion | nature of a member or authorized | representative of a memb | <u></u> | _ |
| | .7120 | S. | • | | |
| | | Lauren Sclesk | У | | |
| _ | | Typed or printed nan | ne of signee | ······································ | _ |

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