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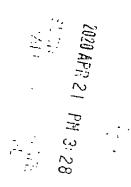
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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O SIMMONS

COVER LETTER

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TO: Registration S Division of Co			
Continue	On, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Liam Callahan		
		Name of Person	·
	ContinueOn, LLC		
		Firm Company	<u> </u>
	150 E Palmetto Park Ro	pad STE 800	
		Address	
	Boca Raton, FL 33432		
		City/State and Zip Code	
	liam@continueon.com		
For further information	e-mail address: i	to be used for future annual report no all:	otification)
Liam Callahan		305 985-3640	
Name	of Person		me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		<u>Street Address:</u> Registration S	ection
Division of 0	Corporations	Division of Co	
P.O. Box 63		The Centre of	
Tallahassee.			oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2000

CONTINUEON, LLC	ZUZU APR 21 I	014 0
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our recor Limited Liability Company)	<u>ds:) 4: 28</u>
		• • •
The Articles of Organization for this Limited Liability Co	ompany were filed on 12/12/2019	and assigned
lorida document number L19000303456		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC	2" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
Principal office address MUST BE A STREET ADDR	(ESS)	
		·
		
Enter new mailing address, if applicable:		
•		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	l office address on our records, <u>enter</u>	the name of the new registe
gent and or the new registered office address here.		
None of Non-Building 1999		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	N.N
	, FI	orida
	City	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = MAMBR = A	Hanager Authorized Member	,		
<u>Title</u>	<u>Name</u>	Address 2020 APR 2	I PH 3: 28	Type of Action
MGR	Liam P Callahan	64 SW 9 Avenue Boca Raton	i, FL 33486	Ξ Add
			···-	□Remove
				□ Change
Р	Liam P Callahan			□Add
		64 SW 9 Avenue Boca Raton	, FL 33486	®Remove
				\ Change
			 	
				🖸 Remove
				Change
				= Add
				□Remove
				□Change
				🗆 Remove
				TAdd
				□Remove
				TChange

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an effective date is listed, the date must	date of filing: be specific and cannot be prior to date of filing bek does not meet the applicable statutory partment of State's records.	or more than filing require	(optional) 00 days after filing.) Pursuant to 605.020 ements, this date will not be listed a
record specifies a delayed effective Lis filed.	date, but not an effective time, at 12:01 a	.m. on the ea	orlier of: (b) The 90th day after the
ated April 13	2020		
	Liam Callahan Signature of a member or authorized represents		
	Signature of a memoer of authorized represent	mive of a nier	nper