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Division of Corporations

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To: 10506176383 From: 19165767051 Date: 09/08/20 Time: 7:34 AM Page: 03/05

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	Light Practice LLC  ompany as it now appears on our records.)  ited Liability Company)
The Articles of Organization for this Limited Liability Comp	
Florida document number 1.20000018662	
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 "L.L.C."
Enter new principal offices address, if applicable:	53 Grove Circle
(Principal office address MUST BE A STREET ADDRES.	<u></u>
	Brevard, NC, 28712
Enter new mailing address, if applicable:	53 Grove Circle
(Mailing address MAY BE A POST OFFICE BOX)	
	Brevard, NC 28712
B. If amending the registered agent and/or registered registered agent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address Florida
	Cto: Zin Cude

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

To: 18506176383 From: 19165767051 Date: 09/08/20 Time: 7:34 AM Page: 04/05

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
			☐ Remove
			☐ Change
			□ Add
			☐ Kemove
			□ Change
<del></del>			Add
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change

To: 18506176383 From: 19165767051 Date: 09/08/20 Time: 7:34 AM Page: 05/05 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: (optional)
(If an effective 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)(b) Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. 2020 September 1 Dated Signature of a member or authorized representative of a member

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Typed or printed name of signee

Ana Estrada

Filing Fee: \$25.00