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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: 385 CONNE	LL NOAS LLC ne of Limited Liability Company
The enclosed Articles of Amendment and fee(s) Please return all correspondence concerning this	
CHnisto	Name of Person
<u>385 co</u>	NNELL NOAD, LLC
1923 (WEST COPANS ROAD Address
	BEACH, FL 33064 City/State and Zip Code
<u>CENGLA</u>	AND ABILITY MEDICIFL, NET
For further information concerning this matter,	please call:
CHRISTOPHER ENGL	ANO at (561) 502 - 2008 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30,00 Filing Fe Certificate of S	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

385 CONNELL ROAD	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company) / /
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000059130</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	2020 JUN
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "LEEC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2141 SW PERRYSTER STUART, FL 34997
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2141 SW PERRY TER STUART, FL 34997
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
·	Florida
New Registered Agent's Signature, if changing Registered Agent	City Zip Code

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>	Name	Address	Type of Action
AMBIL	JEDEDIAH GOLDING	1923 WEST CORANS	
		POMPAND BEACH, FL 330	64 Remove
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			□Add
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			□Remove
			□Change
			DAdd
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			□ Change

D. If amending any other inform	ation, enter change(s) here:	(Attach additional shee	us, if necessary.)	
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E. Effective date, if other than the (If an effective date is listed, the date means Note: If the date inserted in this bedocument's effective date on the beautiful distribution.	ust be specific and cannot be prior to block does not meet the applicab	date of filing or more than 9	(optional) Days after filing.) Pursuant ments, this date will not be	to 605.0207 (3)(b be listed as the
If the record specifies a delayed effective record is filed.	ve date, but not an effective tim	e, at 12:01 a.m. on the ea	rlier of: (b) The 90th day	y after the
Dated	3no 2020	<u>.</u> •		
	Signature of a member or authori		ber	_
	CHRISTOPHER Typed or printed	ENGLAND		

Filing Fee: \$25.00