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C. GOLDEN 0CT - 7 2020

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

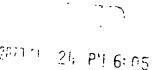
Division	ı of Corp	porations		
Hei	denreich	& Heidenreich PLLC		
SUBJECT:	•	Name of Lim	ited Liability Company	
The enclosed Art	icles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all o	correspo	ndence concerning this matter	to the following:	
		Sibil Heidenreich		
			Name of Person	
		Heidenreich & Heidenreich	r PLLC	
			Firm Company	
	Firm Company 3706 N Roosevelt Blvd Unit 208 Address Key West, FL 33040 City/State and Zip Code			
		Firm Company 3706 N Roosevelt Blvd Unit 208 Address Key West, FL 33040 City/State and Zip Code mwhcpaoffice@yahoo.com E-mail address: (to be used for future annual report notification)		
		Key West, FL 33040		
			City/State and Zip Code	
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For further infor	nation co	meerning this matter, please co		incaron,
Sibil Heidenreiel	h		305 849-5651 at () Area Code Daytin	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a che	ck for th	e following amount:		
☐ \$25.00 Filing	g Fee	■ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	LI \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Address ration S		<u>Street Address:</u> Registration Se	ection
-		orporations	Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.



Heidenreich & Heidenreich PLLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number 1.20000070238	were filed on $\frac{03/03}{201}$	20	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designat	ion "LLC" or the abbre	viation "L.IC."
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 a agent and/or the new registered office address here:	ddress on our record:	s, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre	vet address	
		Florida	
	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. 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Mark W Heidenreich	3314 Northside Drive Unit 35	TAdd
		Key West, Fl. 33040	≣Remove
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fective date, if other than the meffective date is listed, the date must ote: If the date inserted in this blocument's effective date on the Defrecord specifies a delayed effective is filed. August 20	partment of State's record date, but not an effective	ls. time, at 12:01 a.m. on the	e carlier of; (b) - The 90th da	

Filing Fee: \$25.00