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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	FFREY'S Hea	Fray & Aid LLC ited Lability Company	277.6 in 44 in 11 in 8:
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Ca FFre	Name of Person 15 1 Leet 1 5 Firm/Company My Rd Address 5 5 a F 33 City/State and Zip Code Changil . Can to be used for future annual report noti	
For further information of	E-mail address: (concerning this matter, please co		ication)
	20	at (<u>\$\frac{3}{3}\) </u>	996 Telephone Number
·		Aca Code Dayum	receptione realities
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & ∴ Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

RECEIVED OCT 0 8 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Caffeey's Hearing and Hir UC
(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 were filed on April 36, 2020 and assigned
Florida document number <u>L2000/17459</u> .
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 abbregiation ELC."
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 address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: Why he Brian Caffrey JL. New Registered Office Address: 10020 Harney ed Enter Florida street address
New Registered Office Address: 10020 Harney Rd
· ·
Thonoto 59859 Florida 33592
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 = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Warje Calkey	Thonotosassa, Fl 33592	□Add
		Thomotosassa, F/ 33592	Remove
		<u> </u>	• Change
MGR	Wayne B. Caffrey JR.	10020 Horney Rd 33592 Thomas to SGSSG, F/2000	
		Thomotosassa Filles	□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
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<u>ote:</u> If th	e date inscrted in this effective date on th	is block does not	t meet the applic	able statutory fi	iling requireme	nts, this da	te will not be	e listed a
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Filing Fee: \$25.00