L20000 117592

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COVER LETTER

FO: Registration Se Division of Cor					
SUBJECT: LONG		SiStance LLC. ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Nano	V LONGIN Name of Person			
		Firm/Company	· · · · · · · · · · · · · · · · · · ·		
	3909 SW 26th	Street Address	4000		
		Park, FL 33013 City/State and Zip Code Main and Cip Code of by used for future annual report notified	ication)	20 JUR -2	SEDALIA VITRABAS
For further information co	oncerning this matter, please ca		,	2 P	2500 50 AS
Mancy Long's Name o	N f Person	at (561) 808 - 4(Area Code Daytime	238 Telephone Number	- સ જ	STALE
Enclosed is a check for th	ne 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 Sta Certified Copy (additional copy is e	atus &	

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

(Name of the Limited	NQUQQE ASSISTANCE (Liability Company as it now appears on o Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liab Florida document number <u>L2000 11759</u>	oility Company were filed on <u>04/3</u>	0/2020 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET).	le:	tion "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
	City	Florida
	Onie	esp Sinc

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Marie Lonvill	3909 SW26th Street	□Add
		West Park, Fl 33023	Remove
			□ Change
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ffective date, if other an effective date is listed, to lote: If the date inserted ocument's effective date	he date must be specific I in this block does no	and cannot be prior to of meet the applicab	date of filing or mor		ling.) Pursuant to 605.03
record specifies a delayed is filed.	ed effective date, but r	not an effective tim	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
Pated May 28 m		<u> </u>	_•		
 	Signature of	f a member or authori	ized representative o	f a member	
	Nancy Lo	v			