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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:

Registration Section Division of Corporations

Waters E	dge Hearing LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	emitted for filing.	
Please return all corres	oondence concerning this matter	to the following:	
	Melody Lankford, Esq.		
		Name of Person	
	Lankford Law Firm, PA		
		Firm/Company	
	140 South Beach Street, S	uite 310	
		Address	
	Daytona Beach, FL 32114		
		City/State and Zip Code	
	mlankford@lankfordlawfir		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Melody Lankford, Esq		850 264-7004 at ()	
Name	of Person		ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee Check 本月7日	☐ \$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)
<u>Mailing Addr</u> Registration		Street Address: Registration So	ection
Division of Corporations		Division of Corporations	
P.O. Box 63 Tallahassee.		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Waters Edge Hearing LLC (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 $\frac{9/17/20}{}$. Florida document number <u>L20000293241</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 abbreviation "L.L.C." 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: Lankford Law Firm, PA Name of New Registered Agent: 140 South Beach Street, Suite 310 New Registered Office Address: Enter Florida street address

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.

Daytona Beach

Melody & Lonlofad ESG.

If Changing Registered Agent, Signature of New Registered Agent

_____. Florida 32114

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
MGR	Indira Alvarez	1333 Saxon Drive	□Add
		New Smyrna Beach, FL 32169	■Remove
			□Change
AMBR	Alvarez Audiology & Hearing LLC	1333 Saxon Drive	
		New Smyrna Beach, FL 32169	□Remove
			Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□ Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change
			□Rетюve
			□Change

Effective date, if other than the date of filing:	of filing:	Flective date, if other than the date of filing:		10
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