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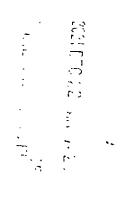
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A. BUTLER
JAN 1 1 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Love Reigns Adult Daycare Centel Name of Limited Liability Company	
The section of Association of Association of Europe and Section 1997.	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ERICH Harris Name of Person	
Firm/Company	
503 SE 47th Tellace	
Gamesville FL 32641 City/State and Zip Code	
bouderica 362 a rocketmail. com  J-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Elica Havris at (352) 281-8734  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$ 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	2031.070.00	1 4 2 4
Love Reans Adultanted Liab	bility Company as it no ida Limited Limility Co	w appears on our records.) ompany)	<u> </u>
The Articles of Organization for this Limited Liability	Company were file	d on 1119/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li  Love Reigns Medic  The new name must be distinguishably and contain the words "L	at Traini	na Centel, L	Debreviation "L.E.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADI	neec)		
Enter new mailing address, if applicable:			
Enter new maning address, it applicable.  (Mailing address MAY BE A POST OFFICE BOX)			<u></u>
Muning und ess may be my our or rees bong			
B. If amending the registered agent and/or register agent and/or the new registered office address here		on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
		, Florida	
	C26.		Tin 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, 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
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			Remove
			☐ Change
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