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SECRETARY OF STATE
TALL ANALSEE FI

# **COVER LETTER**

Division of Cor			
SUBJECT: LOVIN(	TOUCH RUCO'Name of Limit	VOTY HOUSE LL.	C.
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Christa L	Name of Person	
	Loving Touch	1 PULLVEY HOUSV	LL
	nn Royal mi	Address	<u></u>
	NILVSIONIO	City/State and Zip Code	
	E-mail address (f	DUCHYALA VAYUMUUSA to be used for future annual report notif	VOVahoo. Com
For further information co	oncerning this matter, please ca	ali:	
Ch (IS() Name of	Person	at 330 NON 4	234 2 Telephone Number
Enclosed is a check for th	e 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 ALLIAN TAHAM DUMAHUYYI LIAHEN II A

(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.)  orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	Sy Company were filed on $1/38/3031$ and assigned $50$ .
This amendment is submitted to amend the following	<b>1</b> .
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 "LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL	MIANAI GAVAUNE EL 22NETA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SEP 29 M 8:49
B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	5510 NW 199 St Enter Florida street address
$\underline{\Upsilon}$	I ami Bardins Florida 33050 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, 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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