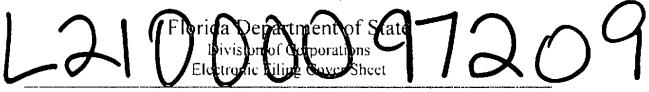
6/30/2021

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone

: (323)962-8600 : (323)962-3889 Fax Number

\*\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			
CINGTT	AUULESS.			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **SURVIVE COVID 19 LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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Corporate Filing Menu

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## **COVER LETTER**

TO: Registration Se Division of Cor				
	COVID 19 LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		288 FAL
lease return all correspo	ndence concerning this matter	to the following:		
	Cheyenne Moseley			JUN 30
		Nume of Person		
	Legalzoom.com, Inc.			ا يو الراز
		Firm/Company	<del></del>	26 6
	101 N Brand Blvd 11th FI			
	·	Address	<del></del>	
	Glendale, CA 91203			
		City/State and Zip Code		
	nurselcares2@gmail.com	to be used for future annual report notific	ention)	
For further information c	oncerning this matter, please co			
Cheyenne Moseley		800 773-0888		
Name o	f Person	Area Code Daytime	Telephone Number	<del></del>
Enclosed is a check for th	he following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fcc & Centificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SURVIVE COVID 19 LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our ability Company)	records.)
The Articles of Organization for this Limited Liability Company value of the Laboratory L21000097209	were filed on03/01/202	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation	n "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 of registered agent and/or the new registered office address here	2:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	ı address
·		, Florida Zip Code
	Citiv	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	ee to act in this capaci	ty, I further agree to comply with the ties, and I am familiar with and r 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

# 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

Page: 5 of 6

<u>Title</u>	Name	Address	Type of Action
AMBR	ACQUA, LATRENDA	1701 SAN PABLO ROAD S, APT. 615	
		JACKSONVILLE, FL 32224	■ Remove
		,	☐ Change
AMBR	Latrenda Acquah	1701 SAN PABLO ROAD S, APT. 615	■ Add
		JACKSONVILLE, FL 32224	
	•		☐ Change
	·		Add
			Remove
			☐ Change
<del></del>	<u> </u>		□ Add
	· ·	· · · · · · · · · · · · · · · · · · ·	Remove
			D Change
		_	D Add
			□ Remove
			☐ Change
			O Add
		·	□ Remove
			Change

Latrenda Acquah

To: 185061763831

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee