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### **COVER LETTER**

Division of Corp	orations		
SUBJECT:GUCK	dian Bookkee	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Melissa I	Sobbio S Name of Person	
	Guardian B	nokkeeping LLC Firm/Company	
	5308, Pinet	Address	
	Fort Pierce  mollissa @ 1  E-mail address: 11	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	ication)
For further information co	ncerning this matter, please ca		
Melissa D Name of	Person	at ( <u>77-2</u> ) <u>342 -</u> Area Code Daytime	7894 Telephone Number
Enclosed is a check for the	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)

TO: Registration Section

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

FILED

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(A Florida I	limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u> </u>	mpany were filed on $\frac{\sum_{e \in F} f}{f}$	otembé (15. <b>20)</b> und assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered eagent and/or the new registered office address here:	office address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		, Florida
	City	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 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

_			<del></del>	
٩	M	BR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Melissa Debbins	5308 Pinetras Drive Ft. Piers, FL 3	S1960 WAdd
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		Melissa I				-				