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COVER LETTER

Registration Section Division of Corporations

TO:

	ANDING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Carey Ugas		
		Name of Person	
	NCLL		
		Firm/Company	
	13790 Roosevelt Blvd. Su	ite A	
		Address	
	Clearwater, FL 33762		
		City/State and Zip Code	
	eugas@nell.org		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Carey Ugas		727 605-0129 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S Division of C P.O. Box 632	Section orporations 7	Street Address: Registration Se Division of Co The Centre of	rporations Tallahassee
Tallahassee, l	1. 32314	2415 N. Monro Tallahassee, Fl	pe Street, Suite 810 _ 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INNERSTANDING LLC	· · · · · · · · · · · · · · · · · · ·	· .	_
(Name of the Limites	A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia Florida document number L21000318429	bility Company	y were filed on 7/13/2021	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	-	hility company bases	
Tameuting name, enter the new name of	the philico har	outh combatt usis.	
The new name must be distinguishable and contain the wo	rds "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	·	
(Principal office address MUST BE A STREET	(ADDRESS)		
		**	
		40	
Enter new mailing address, if applicable:		\$	701 2
(Mailing address MAY BE A POST OFFICE B	<u> 10X)</u>		
			<u> </u>
B. If amending the registered agent and/or re	gistered office	address on our records, enter the	name of the new registered
agent and/or the new registered office address	s here:	1:000	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	JOH	In O Conno	
New Registered Office Address:	13365 O	verseas Hwy., #202	• •
		Enter Florida street address	,"
	<u>Marathor</u>		ia 33050 Zip Code
New Registered Agent's Signature, if changing R	egistered &	Cin	21p Code
		-)	
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this company.	r and complete tered agent as egistered after	e performance of my auties, and in provided for in Chapter 605, F.S.	i am jayuuar wun ana 5. Or, If this document is
	If Chi	inging Registered Agent, Separature of N	en Registered Agent
	}		

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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	John P. O'Connor, MD	13365 Overseas Hwy. #202	≣ Add
		Marathon, FL 33050	□Remove
			□Change
		_	□Add
			□Remove
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ective date, if other than the d	ate of filing:	8.1	(optional)	
effective date is listed, the date must less. If the date inserted in this blocument's effective date on the Dep	e specific and cannot be pr k does not meet the app	nor to date of filing or more that licable statutory filing requ	n 90 days after filing.)	Pursuant to 605,020 fill not be listed a
cord specifies a delayed effective of filed.	date, but not an effective	e time, at 12:01 a.m. on the	earlier of: (b) The	90th day after the
September 29	2021	<u> </u>		
-d		<u> </u>		
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Si	gnature of a member or au	thorized representative of a m	ember	

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