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Office Use Only



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JOEPHIS JULY

COVER LETTER

Division of Corporations	
SUBJECT: Family Solutions Fire Name of Limited Liability C	ompany LLC
The enclosed Articles of Amendment and fee(s) are submitted for fili	ng.
Please return all correspondence concerning this matter to the following	ng:
Keidra Parde	Person
heedie's Coiner	Acduction5 LC
Was Roberta Drs	DESAPTICOS
Marietto, Garage and City/State and	d Zip Code
Parker Koja Grafer Bernard address: (to be used for the contraction of	uture annual report notification)
For further information concerning this matter, please call;	
Heidre Pancier at (L. Arc	a Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certifi	Filing Fee &
Mailing Address:	Street Address:

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

TO:

Registration Section

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

Family Solutions Flora IIC

(Name of the Limited Liabil (A Florid	ity Company as it now appears a Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability (Company were filed on	9-09-909 and assigned
Florida document number <u>LAQUIDIDIQ</u>	<u>4</u> :	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	iited liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our rec	ords, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a street address
	20	, FloridaZip Code
New Registered Agent's Signature, if changing Registere	City	Zip Code
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c	•	

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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lf an effe Note:	ive date, if other than the date of filing:	
e record rd is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after led.	the
Dated_	April 25 200	
	Andr.	
	Signature of a member or authorized representative of a member	