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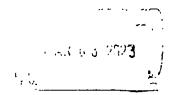
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TO: Registration Section Division of Corporations Change of Name SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: John Massey Name of Person Dr John Massey LLC Firm/Company 5428 Laurelwood PL Address Sarasota/FL 34232 City/State and Zip Code masseyaudiology@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John Massey 504-0079 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ■ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dr John Massey LLC, DBA Massey Audiology (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/28/2022 and assigned Florida document number 1.23000002689 This amendment is submitted to amend the following: A. .. amending name, enter the new name of the limited liability company here: Hear Audiology LLC DBA Hear Audiology Sarasota The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 3333 Clark Rd STE 170 Enter new principal offices address, if applicable: Sarasota, FL. (Principal office address MUST BE A STREET ADDRESS) 34231 5428 Laurelwood PL Enter new mailing address, if applicable: Sarasota, FL (Mailing address MAY BE A POST OFFICE BOX) 34232 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida __ City

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 I this incument is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability to company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00