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0-7/30/21/

## **COVER LETTER**

Division of Corporations
SUBJECT: Support Menopause Awareness UC Name of Limited Liability Company
The enclosed Articles of Ameadment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marya Read Name of Person
Firm/Company
P.O. Box 13
Mary Esher FL 32569 City/State and Kip Code
Support @ Support Menacuse Awareness. Com E-mail address to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (858) 844-9662  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  □ \$30.00 Filing Fee & Certified Copy (additional copy is enclosed)

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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

Support Menopause (Name of the Limited Liability Co. (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L 24000303654</u> .	spany were filed on $7 - 8 - 24$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited  Support Menapause Awareness  The new name must be distinguishable and contain the words "Limited"	Liability Company. the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<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 o agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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.

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Note: If the date	f other than the date of folisted, the date must be specific inserted in this block does relive date on the Department	not meet the applicable		(optional) 90 days after filing.) Pursua ements, this date will no	ant to 605.020 of be listed a
ne record specifies ord is filed.	a delayed effective date, but	t not an effective time,	at 12:01 a.m. on the c	arlier of: (b) The 90th	day after the
Dated	Mary K	2024  Only  of a member or authorize		nshur	

Filing Fee: \$25.00