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COVER LETTER

MCDIRMIT, DAVIS & COMPANY, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fce(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Troy Olson Name of Person McDirmit, Davis & Company, LLC Firm/Company 934 North Magnolia Ave., Suite 100 Address Orlando, FL 32803 City/State and Zip Code tolson@mcdirmitdavis.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Troy Olson 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 & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2019 12 12 hh

McDirmit, Davis & Company, LLC

(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 Compan	y were filed on January 3, 2002 and assigned			
Florida document number L02000000464				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
McDirmit Davis, LLC				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	934 North Magnolia Ave,			
(Principal office address MUST BE A STREET ADDRESS)	Suite 100			
	Orlando, FL 32803			
Enter new mailing address, if applicable:	934 North Magnolia Ave.			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Orlando, FL 32803	Suite 100			
	Orlando, FL 32803			
Name of New Registered Agent:				
New Registered Office Address				
Suite 100 Orlando, FL 32803 If amending the registered agent and/or registered office address on our records, enter the stered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	Enter Florida street address			
	Florida			
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is			
If Cha	nging 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:

Title	<u>Name</u>	Address	Type of Action
			
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E. Effec	tive date, if other than	the date of fili	ng:		(or	otional)	
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