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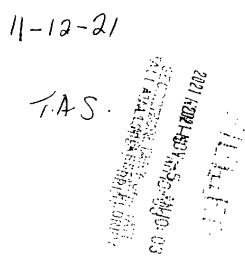
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Amend

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COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:		M OF LAURI J. GOLDSTEI	N, PLLC	
SUBJECT		Name of Lim	ited Liability Company	<u></u>
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		Lauri Scher		
			Name of Person	
		A Law Firm of Lauri J. Go	oldstein, PLLC	
			Firm/Company	·
		P.O. Box 761		
			Address	
		Stuart, Florida 34995		
		Lauri@lgoldstein.com	City/State and Zip Code	
		- -	to be used for future annual report notif	fication)
For further	information co	oncerning this matter, please ca	all:	
Lauri Schei	г		at 772 71	1-6464_
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for th	e 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)
<u>M</u>	ailing Address	<u>s:</u>	Street Address:	
	egistration S		Registration Sec	
L)	inician of C	ormorations	Division of Cor	norations

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

A LAW FIRM OF LAURI J. GOL	•	<u></u>
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)
The Articles of Organization for this Limited I	Liability Company were filed on	09/27/2011 and assigned
Florida document number L11000110924	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE <u>A POST OFFICE</u>	<u></u>	
	<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office address.	• •	r records, enter the name of the new registered
Name of New Registered Agent:	Lauri J. Goldstein	
New Registered Office Address:	106 SW Palm Cove	
	Enter I	lorida street address
	Palm City	, Florida ³⁴⁹⁹⁰
	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.

If Changing Registered Agent, Signature of New Registered Agen

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

oi Temoved	troin our records.		
MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			Remove
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reffective date is listed, the date: If the date inserted in	ite must be specific this block does no	and cannot be prio	r to date of filing or cable statutory fi	more than 90 days a	ifter filing.) Pursua this date will no	nt to 605.020 t be listed a
rument's effective date on				0 1		
cord specifies a delayed e s filed.	ffective date, but	not an effective t	ime, at 12:01 a.r	n, on the earlier of	(b) The 90th	day after the
October 27		2021	. /)	
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led	L.	~ <i>U /II /</i> .	(A) 12-11	A - /1/		
	Signatura	a thember or south	wrized representat	ye of a member	YUJ.	

Filing Fee: \$25.00