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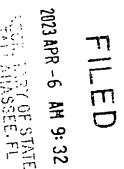
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COVER LETTER

	gistration Se vision of Cor			
		of Luis A. Mena, PL		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
		indence concerning this matter		
		David G. Hassan		
			Name of Person	
		Law Office of Luis A. Me	na, PL	
	,		Firm/Company	
		9700 South Dixie Highwa	y, Suite 660	
			Address	
		Miami, FL 33156		
			City/State and Zip Code	
		david@menalawfirm.com		
			to be used for future annual report not	ification)
For further i	nformation c	oncerning this matter, please co	all:	
David G Ha	ssan		305 529-1771	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is:	a check for th	ne following amount:		
≘ \$25,00 l	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)
	iling Addres		Street Address:	ution
Registration Section Division of Corporations		Registration Se Division of Co		
9.9	D. Box 632	7	The Centre of	Fallahassee
Ta	Hahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limi	ted Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) Dany)	·	
The Articles of Organization for this Limited I Florida document number 1.02000007840	iability Company were filed o	on April 3, 2002	and assig	ned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o	of the limited liability compa	ny here:		
Law Office of David G. Hassan, PL L C				
The new name must be distinguishable and contain the	words "Limited Liability Company,	" the designation "LLC" or th	e abbreviation "L.L.	C."
Enter new principal offices address, if appli	cable:			
Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on	our records, <u>enter the n</u>	SECRETARY OF STATE TALLAWASSEE, Fle	T T T T T T T T T T T T T T T T T T T
Name of New Registered Agent:	David G Hassan		·	
New Registered Office Address:	9700 S Dixie Highway Suite		<u></u>	
	Ent	er Florida street address		
	Miami	Florida	33156	
	City		Zip Code	

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 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>	Name	Address	Type of Action
MGR	David G. Hassan	9700 South Dixie Highway, Suite 660	= Add
		Miami, FL 33156	□Remove
MGR	Luis A. Mena	9700 South Dixie Highway, Suite 660	□Add
		Miami, FL 33156	
			□Change
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			🗖 Add
			□Remove
			□ Change

San Contract Contract

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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(If an eff Note:	January 1, 2023 (optional) ective date, if other than the date of filing:
the recor	
Dated	Juny 1 7023
	Signature of a thember or authorized representative of a member
	David G. Hassan

Filing Fee: \$25.00