Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H250000107313)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JECK, HARRIS, RAYNOR & JONES, P.A.

Account Number : I20000000210 Phone : (561)746-1002 Fax Number : (561)775-0270

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:GLesser@lesserlawfirm.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LESSER, LESSER, LANDY & SMITH, PLLC

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JAN 10 2025

Mailing Address: Registration Se

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

From: Katie Folden

Fax: +15616217114

Docusign Envelope ID: C07CFBAD-6403-4B4E-9809-62B6F63B570F

Fax: +18506176383

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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N
2025 JAN-9 PM 5: 04

Lesser, Lesser, Landy & Smith, PLLC

(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	ty Company were filed on 12/23/2003	and assigned	
Florida document number L03000055635			
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
Lesser, Landy, Smith & Siegel, PLLC			
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	:		
(Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or regist agent and/or the new registered office address her		the name of the new register	
N. CN. D. L. IA			
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:			
	Enter Florida street address		
_		orida	
	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 Agent

From: Katie Felden Fax: +15616217114

Fax: +18506176383

Page: 4 of 5

01/09/2025 12:25 PM

Docusign Envelope ID: C07CFBAD-6403-484E-9809-62B6F63B570F
11 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H250000107313)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Michael S. Smith	420 Columbia Drive, Suite 110	
		West Palm Beach, FL 33409	⊠Remove
			☐Change
			□Add
			□ Remove
			Thange T
			Remove
			© Change
			□Add
		<del></del>	□Remove
			□ Change
	<del></del>		□Add
			Remove
		•	□ Change
			□Remove
			□Change

Fax: +18506176383

Page: 5 of 5

01/09/2025 12:25 PM

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Effective date, if other than the date of filing:  [If an effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after tecord is filed.  Dated  1/9/2025   11:22 AM EST  Deadsignee 3r.	_		
Effective date, if other than the date of filing:  January 9, 2025  (optional)  (iff an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after toord is filed.  Dated  1/9/2025   11:22 AM EST	-		Π
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Dated	Note: 1	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	s the
Dated			;
	Dated _		
Signature of a member or authorized representative of a member			

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