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R. HUNT 04/04/23

COVER LETTER

TO:

Registration Section Division of Corporations

	nncial, Professional Limited Co					
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Edward A Zuraw, Jr.			53 52		
		Name of Person	፣ :	<u>ं</u>		
	Zuraw Financial, PLLC		20 3 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	7833 207 - 4 PM 1: 5		
		Firm/Company	57 80	 		
	209 SE 5th Ave		TRY OF STATE	= C		
		Address	二二	ຽ		
	Delray Beach, FL 33483					
		City/State and Zip Code				
	eddic@zurawfinancial.com					
	E-mail address: (to be used for future annual report not	fication)			
For further information of	oncerning this matter, please c	all:				
Edward A Zuraw, Jr		561 272-7317 at ()				
Name o	of Person	Area Code Daytin	ne Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Cop	ificate of Status &		
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zuraw Financial, Professional Limited Company			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our ry d Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 10/11/2007		and assigned
Florida document number L07000103684			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
Zuraw Financial, PLLC			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	'LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			<u> </u>
			77
		7 m m m m	7)
Enter new mailing address, if applicable:		33	initial To i
•••		<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			_ \&
3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>er</u>	nter the nam	ne of the new regist
mine of their regiments rigem.			
New Registered Office Address:	Enter Florida street ac	11	·
	enter r torida street ad	aaress	
		, 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.

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>	<u>Name</u>	Address	Type of Action
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			□Remove
		-	□Change
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cord specifies a de s filed.	layed effective da	te, but not an	effective til	me. at 12:01	a.m. on the e	earlier of: (b) The	90th da	ay after th
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ed 3/29	. / /								