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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Soman Name of Limi	Forlow & Bayo	LLC
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Yola	nda Boynto Name of Person	<u> </u>
	Grossm	an Forlow & R	DayD, LLC
	2077-2	Raymond Dieh Address	l RQ_
	E-mail address: (to	City/State and Zip Code On the used for future annual report notifications.	2308 awtim.com
For further information co	ncerning this matter, please ca	li:	
Name of	de Boynton	at (<u>\$50</u>) 38	5-1314 Telephone Number
l		•	•
Enclosed is a check for the	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)

Mailing Address: 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grossman, Fur	IOW & Bayo, LLC		_
(Name of the Limited	LOW & BAYD, LLC Liability Company as it now appears on Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liab	oility Company were filed on		ssigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the control of the new name must be distinguishable and contain the work.	` _	nation "LLC" or the abbreviation '	'L.L.C."
Enter new principal offices address, if applicat	ole:		
Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:	-	20 2 181 5	*
Mailing address MAY BE A POST OFFICE B	OX)		
B. If amending the registered agent and/or reg agent and/or the new registered office address		ds, enter the name of the n	ew register
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	treet address	
		, Florida	
	City	Zip Cod	e

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 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
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