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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lillesand, Wolasky, Waks, & Hitchcock, P. L. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Marjorie E. Wolasky Name of Person
Lilles and, Wolasky, & Hitchcock P. L.
9400 5 Dageland Blyd, Ste. 604
Miami, FL 3315 6 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marjorie E. Wolasky at (305) 670 - 7005 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Sectificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Solution Section
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lilles and, Wolasky, Waks, & Hitchcock, PL 9 Fil 3: 35

(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 Company	y were filed on	11/14	-12011	and assigned
Florida document number 20-3612260				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab				
Lilles and Wolasky & Hit The new name must be distinguishable and contain the words "Limited Liab	ch co c	K, P. L. he designation	"LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE 30X)				
				,
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address	on our rec	cords, <u>enter_t</u>	he name of the new
	_			
Name of New Registered Agent:		 -		
New Registered Office Address:		Florida street o		

	City	·	Florida <u></u>	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>			
		lein namanism	I Comban zon	on to comply with the

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
MGR	waks. Deborah R.	7700 N Kengall DR	🗖 Add
		Ste 607 miami FL 3	356 Remove
			Change
			Add
			🗆 Remove
			🗀 Remove
			☐ Change
			☐ Remove
			Change
			Add
		Remove	
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-					<u>.</u>	<u> </u>
f an effective dat No <u>te:</u> If the da	, if other than the da e is listed, the date must be ate inserted in this block fective date on the Depa	e specific and canno k does not meet th	ie applicable stati	filing or more than 90	(optional) I days after filing.) Pursi ments, this date will n	rant to 605,020 of be listed a
The 90th o	ecifies a delayed e day after the recor	d is filed.				ne earlier (
Dated	Marjon	·•	2019			
	marjon	DE.	wola	sky resentative of a mem	ber	

Page 3 of 3

Filing Fee: \$25.00