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| Special Instructions to | Filing Officer:      |  |
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## COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

FREEMAN, MALLARD, SHARP, GONZALEZ, LLC 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: DEAN FREEMAN Name of Person FREEMAN, MALLARD, AND SHARP, LLC Firm/Company 5 HARVARD CIRCLE#110 Address WEST PALM BEACH, FL 33409 City/State and Zip Code DFREEMAN@LAWCENTERS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DEAN FREEMAN Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: **Mailing Address:** Registration Section **Registration Section** Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FREEMAN, MALLARD, SHARP, GONZALEZ, LLC

| nted Liability Company)   |   |
|---|---|
| pany were filed on 01/20/2009   | and assigned  |
|   |   |
| liability company here:   |   |
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| Liability Company," the designation "LLC" or the  | e abbreviation "L.L.C."   |
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| fice address on our records, <u>enter the r</u>   | name of the new registered  |
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| Enter Florida street address  |   |
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| agree to act in this capacity. I further<br>plete performance of my duties, and I d<br>t as provided for in Chapter 605, F.S. | um familiar with and<br>Or, if this document is   |
|   | Enter Florida street address  Enter Florida street address  City  gent:  I agree to act in this capacity. I further plete performance of my duties, and I at as provided for in Chapter 605, F.S. office address, I hereby confirm that the |

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 |
|--------------|--------------------|---------------------------|----------------|
| MGM          | RAFAEL A. GONZALEZ | 5 HARVARD CIRCLE #110     | □Add           |
|              |                    | WEST PALM BEACH, FL 33409 | ■Remove        |
|              |                    |                           | □Change        |
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| Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Department. | date of filing:<br>be specific and cannot<br>ck does not meet th | be prior to date of<br>e applicable stati | filing or more than |                    |                                       |
| record specifies a delayed effective d is filed.  | date, but not an eff   | ective time, at 13                        | 2:01 a.m. on the e  | arlier of: (b) The | 90th day after the                    |
| Dated MARCH 26  | . 202  | 4   |                     |                    |                                       |
|   | DE AND   | LOGICAL                                   | ANI                 |                    |                                       |
| <del></del>   | DEAN<br>Signature of a member                                    | TREETVI                                   | PLIN                | <del></del>        |                                       |

Filing Fee: \$25.00