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COVER LETTER

Division of Corpora	ations			
SUBJECT: EDWARD	A. ZURAW & COM Name of Limite	PANY PROFESSI ed Liability Company	IONAL LIMITE	D_COMPANY
The enclosed Articles of Ame	endment and fee(s) are subm	itted for filing.		
Please return all corresponder	nce concerning this matter to	the following:		
-	ESWARD A. Z	Name of Person		
-	<u> </u>	URAW GEIB Firm/Company	PLC	
-	209 SE	5TH AVE		
-	DELRAY	BEACH FL City/State and Zip Code	33483	
<u></u>		AWGEIB. COM be used for future annual to		
			report notification)	
For further information conce	erning this matter, please cal	:		
EDWARD A. ZUR Name of Per	Son TV2.	at (<u>5le </u>) Area Code	272 · 7317 Daytime Telephone N	Jumber
Enclosed is a check for the fo	llowing amount:			
\$25.00 Filing Fee E	3 \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Ct losed) Ct	0.00 Filing Fee, ertificate of Status & ertified Copy Iditional copy is enclosed)

MAILING ADDRESS: Registration Section

Registration Section

TO:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

EDWARD A. ZURAW & COMPANY, PROFESSIONAL LIMITED COMPANY
(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 Comp	pany were filed on	11/23/10		and assig	gned
Florida document number <u>L10000111632</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company h	<u>ere</u> :			
ZURAW LEIB, PLC The new name must be distinguishable and contain the words "Limited			 .		
The new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LLC" or th	ne abbrevia	ition "L.L	.C."
Enter new principal offices address, if applicable:				20	
(Principal office address MUST BE A STREET ADDRESS	S)		- -	ھی۔ س	• •
				7.7.4	
	 -			<i>√</i> 3	
				*0"	1 1 '
Enter new mailing address, if applicable:				$-\frac{1}{6}$	
(Mailing address MAY BE A POST OFFICE BOX)				 دئـــــــــــــــــــــــــــــــــــ	
				<u>+</u>	·
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		n our records, <u>en</u>	ter the	name o	f the nev
Name of New Registered Agent:	·-				
New Registered Office Address:					
	Enter Flo	orida street address			
		, Florida	1		
	City	, 1 101 101		p Code	
New Registered Agent's Signature, if changing Registered Ag	zent:				

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>	<u>Address</u>	Type of Action
			Add
			☐ Remove
			Change
	 		
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change

D. If ame	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	JULY 17 . 2019 Edw. A Juna Signature of a member or authorized representative of a member
	Signature of a member of a member of a member
	FDWARD A. ZURIW JR. Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00