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SECRETARY OF STATE

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COVER LETTER

то:	Registration So Division of Cor					
STID IEZ	STUMPHA	AUZER & SLOMAN, PLLC				
SUBJEN	CI:		ited Liability Company			
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for tiling.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Jenny Gonzalez				
	Name of Person					
Firm/Company						
One SE 3rd Avenue, Suite 1820						
	Address					
		Miami, Florida 33131				
		·	City/State and Zip Code			
		-				
		E-mail address; (to be used for future annual report notif	leation)		
For furth	er information c	oncerning this matter, please ca	ill:			
Jenny G	ionzalez		305 371-9686 at ()			
	Name o	f Person	Area Code Daytimo	e Telephone Number		
Enclosed	d is a check for th	ne 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)		

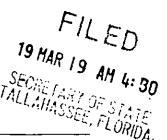
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



STUMPHAUZER & SLOMAN, PLLC

(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 were filed on $\frac{2/25/2011}{1}$ _____ and assigned Florida document number L11000024056 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: STUMPHAUZER FOSLID SLOMAN ROSS & KOLAYA, PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
MBR	Adam M. Foslid	One SE 3rd Avenue. Suite 1820	⊟ Add
		Miami, Florida 33131	Remove
			☐ Change
MBR	Ian M. Ross	One SE 3rd Avenue, Suite 1820	= Add
		Miami, Florida 33131	□ Remove
			Change
MBR	Timothy A. Kolaya	One SE 3rd Avenue, Suite 1820	
		Miami, Florida 33131	□ Remove
			THE TAR
			SSELO Remode
			LORD Change
			Remove
			Change
			Add
		 	Remove
			Change

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If an et <u>Note:</u>	3/19/2019, at 12:01 a.m. (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
	March 18, 3019
Dated	Arm Stimmon
Dated	March 18, 3019. With a member of authorized representative of a member.

Page 3 of 3

Filing Fee: \$25.00