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TO:		stration Secti ion of Corpo									
SUBJEC		PATEL, GRE	ENE, AND ASSOCIATES.	LLC							
SOBJEC	- · · _	Name of Limited Liability Company									
The encl	losed	Articles of Ar	mendment and fee(s) are sub-	nitted for filing.							
Please re	eturn a	all correspond	lence concerning this matter	to the following:							
			James C. Valenti								
				Name of Person							
			James C. Valenti, P.A.								
				Firm/Company	•						
			114 N. Tennessee Ave, Sui	te 200							
			-	Address							
			Lakeland FL 33801								
			j.valenti@valenti-law.com	City/State and Zip Code							
				o be used for future annual	report notification)						
For furth	ner int	formation con	cerning this matter, please ca	all:							
James C	. Vale	enti		863 93	7-6056						
		Name of P	Person	Area Code	Daytime Telepho	one Number					
Enclosed	d is a	check for the	following amount:								
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status				☐ \$55.00 Filing Fee Certified Copy (additional copy is end	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)						
	Mail	ing Address:	ation	Street A	ddress:						

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

PATEL, OREENE, AND ASSOCIATES, P.L.L.C.		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records Liability Company)	<u></u>)
The Articles of Organization for this Limited Liability Company Florida document number L11000055519	were tiled on 5/11/2011	and assigned
This amendment is submitted to amend the following:		2020 FEB
A. If amending name, enter the new name of the limited liab	ility company here:	
PATEL, GREENE, AND ASSOCIATES, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.JC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		PH 3: 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	Fla	orida
	City . F10	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

DAMES CREEKE AND ACCOUNTED DISC

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Containing
			□Remove □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
			Remove
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