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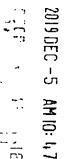
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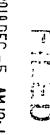


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## COVER LETTER

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SUBJE	CI:	Name o	of Limite	d Liability Company		· · · · · · · · · · · · · · · · · · ·
	Division of Corporations  LAW OFFICE OF SARAH A,ASAD,LLC  Name of Limited Liability Company  osed Articles of Amendment and fee(s) are submitted for filing, turn all correspondence concerning this matter to the following:  SARAH ASAD					
The encl	losed Articles of .	Amendment and fee(s) a	re submi	itted for filing.		
Please re	eturn all correspo	ndence concerning this n	natter to	the following:		
		SARAH ASAD	İ			
			i	Name of Person		
				\$7° (6°		
		255 PRIMERA BLV	/D SEII'			
		LAKEMARY EL 3	:2746	Address		
		EARL SIART, I C.	<u> </u>			<del></del>
		sarah@sarahlegal.con	1	City/State and Zip Code	e	
			,	be used for future annua	al report notific	cation)
For furth	ner information co	oncerning this matter, ple	ease call	:		
Sarah A	sad					
	Name of	Person		Area Code	Daytime '	l'elephone Number
Enclosed	I is a check for th	e following amount:				
<b>\$25.</b>	.00 Filing Fee			Certified Copy		Certificate of Status & Certified Copy
	Registra Divisio P.O. Bo	ation Section n of Corporations ox 6327	  - 	Registr Divisio Clifton 2661 E	ation Section n of Corporat Building	ions ter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAW OFFICE OF SARAH A. ASAD. L					
( <u>Name of the Limited Lial</u> (λ Flor	<b>bility Company</b> rida Limited Lia	as it now appears on our records.) bility Company)		-	
The Articles of Organization for this Limited Liability  Florida document number LI 1000109218	y Company w 	ere filed on	and a	ıssigned	;
This amendment is submitted to amend the following	<b>;</b> :				
A. If amending name, enter the new name of the l	imited liabili	ty company here:			
SARAH MIAN LAW, PLLC					
The new name must be distinguishable and contain the words "I	Limited Liability	Company," the designation "LLC" o	r the abbreviation	·L.L.C.	
Enter new principal offices address, if applicable:		255 PRIMERA BLVD, SUITE 16	50		
Principal office address MUST BE A STREET AD	DRESS)	LAKE MARY, FL 32746		2	
			B- (* )		
			•	DEC	2 ¥
Enter new mailing address, if applicable:		255 PRIMERA BLVD, SUITE 10	50	٦.	741
Mailing address MAY BE A POST OFFICE BOX)	· I	LAKE MARY, FL 32746		<u> </u>	; 5° P
1				10	
! D. 16 ti the extract contact of the contac	_:		, <u>21,</u>	17.	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ce address on our records,	enter the nam	e or th	<u>e new</u>
Name of New Registered Agent:					
New Registered Office Address: 255	5 PRIMERA B	LVD. SUITE 160			
		Enter Florida street address			
LA LA	KE MARY	, Flori	da <sup>32746</sup>		
-		City	Zip Coo	le	
N DE STATE DA LE LAS LOS ACCESANCIONES DE LA CASA					

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.

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 = M $AMBR = A$	lanager authorized Member	ļ		
<u>Title</u>	<u>Name</u>		Address	Type of Action
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reffective date is listed te: If the date insert		he applicable statutory	(optional) or more than 90 days after filing.) Pur filing requirements, this date will	
	a delayed effective date, er the record is filed. ;	, but not an effecti	ve time, at 12:01 a.m. on t	the earlier of
$ed \frac{12/2/20}{2}$	19 -	3:20 pm		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00