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COVER LETTER

TO: , Registration Section Division of Corporations

SUBJECT:	Name of Lin	nited Liability Company	
		mac ismanly dampang	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Joshua T. Hauserman, Esc	ı	
		Name of Person	
	Hauserman Law Group PI	LLC	
		Firm/Company	
	1800 Forest Hill Blvd, Sui	te A2	
		Address	
	West Palm Beach, FL 334	06	
		City/State and Zip Code	
	joshua@hlgtlorida.com		
	E-mail address: (to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	aH:	
Joshua Hauserman		561 223-1699 at ()	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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

Hauserman Law Group PLLC		
(<u>Name of the Limited Liability</u> (A Florida	v Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L12000096386</u>	ompany were filed on 07/25/2012 	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRI	ESS)	
		UN CHARLE
		~
Enter new mailing address, if applicable:		17
(Mailing address MAY BE A POST OFFICE BOX)		9. 533 0. 534
		8
B. If amending the registered agent and/or registered agent and/or the new registered office address and the new registered of the address and the new registered of the new Pages and Pag		enter the name of the nev
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	Zip Code

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, <u>enter the title, name, and address of each person_being added</u> '<u>or removed from our records</u>:

MGR = Manager . AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Anthony Deangelo	1800 Forest Hill Blvd, Suite A2	
		West Palm Beach, FL 33406	∃ Remove
			□ Change
			□ Add
			□ Remove
			☐ Change
			
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Effective date, if other	than the date of	filing:		(optio	onal)	
Affective date, if other fan effective date is listed, to Note: If the date inserted locument's effective date	l in this block does	not meet the app	licable statutory fi	more than 90 days after ing requirements, this	filing.) Pursuant to 605 date will not be list	5.02 (ed)
e record specifies a The 90th day after			not an effective	e time, at 12:01 a	.m. on the earli	er
June 14 Dated		2018				
		·	·			

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Typed or printed name of signee

Filing Fee: \$25.00