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Name of Lim of Amendment and fee(s) are subspondence concerning this matter	ited Liability Company	·
of Amendment and fee(s) are sub		
	omitted for filing.	
spondence concerning this matter		
	to the following:	
Jeannine N. Rodrig	uez, Esquire	
	Name of Person	- · · · · · · · · · · · · · · · · · · ·
Law Offices of Jean	nine N. Rodriguez, PLLC	
	Firm/Company	
300 Sevilla Avenue,	Suite 304	
	Address	
Coral Gables, Florid	la 33134	
	City/State and Zip Code	
Jeannine@JNRLaw0	Group.com to be used for future annual report notific	cation
n concerning this matter, please c		cation) 音 T
Iriguez	305 760-4003	
e of Person	Area Code Daytime	Telephone Number
r the following amount:		
□ \$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)
stration Section sion of Corporations Box 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions
	e of Person r the following amount: \$\square \\$30.00 \text{ Filing Fee &}\$	at (

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(3)	N. Rodriguez, P		
(Name of the Lin	(A Florida Limited	ny as it now appears on our re- Liability Company)	coras.)
The Articles of Organization for this Limited Florida document number L12000109434		were filed on August 24	, 2012 and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
Law Offices of Jeannine N. Rodrigue	z, PLLC		
The new name must be distinguishable and end with th	e words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	300 Sevilla Avenue	
Principal office address MUST BE A STRE	EET ADDRESS)	Suite 304	ें रें
	_	Coral Gables, Florid	a 33134 - 吊 蓋 寸
Enter new mailing address, if applicable:		300 Sevilla Avenue	30 1
	E BOX)	Suite 304	100
<u> Mailing address MAY BE A POST OFFICI</u>			
Mailing address MAY BE A POST OFFICE		Coral Gables, Florid	a 33134 (=== kg
B. If amending the registered agent an registered agent and/or the new registered	office address her	ffice address on our rec	
3. If amending the registered agent an egistered agent and/or the new registered Name of New Registered Agent:	office address her Jeannine N	ffice address on our rece e: . Rodriguez, Esq.	
3. If amending the registered agent an registered agent and/or the new registered	office address her Jeannine N	ffice address on our rece e:	ords, enter the name of the
	office address her Jeannine N	ffice address on our reco e: . Rodriguez, Esq. Avenue, Suite 304 Enter Florida street ad	ords, enter the name of the

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

Page 1 of

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other than the defective date must be specific, cannot end this document is filed by the Flori	t be prior to date of receipt of filed date and cannot be	(optional) more than 90 days after
e date this document is filed by the Flor	ida Department of State)	(optional) more than 90 days after
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