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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE

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## **COVER LETTER**

| TO:      | Registration Section Division of Corporations  |
|----------|--|
| SUBJE    | T: Funice Baros Law, LLC Amendment)  |
|          | Name of Limited Liability Company  |
|          |  |
| The enc  | sed Articles of Amendment and fee(s) are submitted for filing.   |
| Please r | urn all correspondence concerning this matter to the following:  |
|          | Finite Baros<br>Name of Person   |
| Æ        |  |
|          | Funice Baros Law, LLC  1580 Prosperity Farms Pd #204 Palm Beach, FL 33410-3477  Firm/Company   |
|          | 11380 Prosperity Forms Road Suite 204  |
|          | Palm Beich Gardens FL 33410<br>City/State and Zip Code   |
|          | E-mail address: (to be-used for future annual report notification)   |
| For furt | er information concerning this matter, please call:  |
| <u> </u> | Name of Person at 661 S55-4809  Area Code Daytime Telephone Number   |
| Enclose  | is a check for the following amount:   |
| \$25     | O Filing Fee \$\Bigcup \\$30.00 Filing Fee & \$\Bigcup \\$55.00 Filing Fee & \$\Bigcup \\$60.00 Filing Fee, \$\Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \$\Certified Copy (additional copy is enclosed) |
|          |  |

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

| Eunice Baros La  | nc 41.0             | 2022 FEB 14 AM 10: 29                             |
|--|---------------------|---|
| (Name of the Limited Liability Com                                       | Dany as it now any  | pears on our records.)                            |
| (A Florida Limited   | Liability Compan    | ECRETARY OF STATE                                 |
|  |                     | ・ / 1 - J水与にあたおさつとと、とし                            |
| The Articles of Organization for this Limited Liability Compan           | ly were filed on    | 12 10 301 and assigned                            |
| Florida document number <u>L12 000 15 3835</u> .                         |                     | .   |
| This amendment is submitted to amend the following:                      |                     |   |
| A. If amending name, enter the new name of the limited lia               | bility company      | here:   |
| Eynice Baros Law, PLLC   | ,                   |   |
| The new name must be distinguishable and contain the words "Limited Liab | bility Company." th | ne designation "LLC" or the abbreviation "L.L.C." |
| _  |                     |   |
| Enter new principal offices address, if applicable: $Supplestimates$     | M£                  |   |
| (Principal office address MUST BE A STREET ADDRESS)                      |                     |   |
|  |                     |   |
|  |                     | ·   |
|  |                     | /. \  |
| Enter new mailing address, if applicable:                                | NA                  | (Cane)  |
| (Mailing address MAY BE A POST OFFICE BOX)                               |                     |   |
|  |                     |   |
|  |                     |   |
| B. If amending the registered agent and/or registered office             | address on one      | r records, enter the name of the naw registered   |
| agent and/or the new registered office address here:                     | aum ess on ou       | records, enter the name of the new registerer     |
|  |                     |   |
|  |                     |   |
| Name of New Registered Agent:  |                     |   |
| New Registered Office Address:   |                     |   |
| TOTAL TOTAL OTTO A TENEDOS.  | Enter F             | lorida street address                             |
|  |                     |   |
|  |                     | , Florida<br>Zip Code                             |
|  | City                | zip Coae  |
| New Registered Agent's Signature, if changing Registered Agent           | t <b>=</b>          |   |

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 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> | Address | Type of Action |
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| fective da               | ite, if other tha | in the date of filing:   |                       |  | (optional)  |
| o <u>te:</u> If the      | date inserted in  | this block does not me   | et the applicable sta | of filing or more than 9<br>stutory filing require | 0 days after filing.) Pursuant to 605.03<br>ments, this date will not be listed |
| cument's                 | effective date on | the Department of Sta    | ite's records.        |  |   |
| ecord speci<br>is filed. | ifies a delayed e | ffective date, but not a | n effective time, at  | 12:01 a.m. on the ea                               | rlier of: (b) The 90th day after to   |
|                          | 2 1/22            | Canice                   |                       | <i>A</i> ·   | 2   |
| ted                      | / 1               |                          |                       | 4  | Duros   |
| ited                     |                   | Canice                   | Baria                 | presentative of a mem                              | 7900  |