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Koleos • Rosenberg • McMahon

FORT LAUDERDALE OFFICE: 8211 W. Broward Blvd., Suite 330, Plantation, Florida 33324 Telephone (954) 474-9929; Facsimile (954) 474-9959

ORLANDO OFFICE: 253 N. Orlando Ave., Suite 302, Maitland, Florida 32751 Telephone (407) 637-8788; Facsimile (407) 637-8789

TAMPA OFFICE: Hyde House, 1646 W. Snow Ave., Suite 53, Tampa, Florida 33606 Telephone (813) 543-5300; Facsimile (954) 474-9959

www.krmlegalgroup.com

March 31, 2021

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

> Re: Amendment to Articles of Organization L1300139257 Koleos Rosenberg McMahon

Dear Sir:

Enclosed is Articles of Amendment to Articles of Organization of Koleos Rosenberg McMahon, which show a name change and deletion of one of the members. Also enclosed is the \$25.00 filing fee.

If you should have any questions, please contact Debi Koleos at 954-474-9929. Address to mail acknowledgment to is: 8211 W. Broward Blvd., #330, Plantation, FL 33324.

Sincerely,

Debi Koleos Administrator

Enclosures

COVER LETTER

| TO: Registration So Division of Con | | | | |
|--|--|---|--|--|
| Koleos Ro | | | | |
| SUBJECT: | Name of Lin | nited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sul | omitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | Daniel J. Koleos | | | |
| | | Name of Person | | |
| | Koleos Rosenberg | | | |
| | | Firm/Company | | |
| | 8211 W. Broward Blvd., # | ‡330 | | |
| | | Address | " · · · | |
| | Plantation, FL 33324 | | | |
| | | City/State and Zip Code | | |
| | dak@krmlegalgroup.com | | ae a de la companya d | |
| For further information c | e-mair address: concerning this matter, please c | to be used for future annual report not call: | trication) | |
| Deborah Koleos | | 954 474-9929 | | |
| Name o | of Person | at () Area Code Daytir | ne Telephone Number | |
| Enclosed is a check for the | 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 | | Street Address: | ti | |
| Registration S Division of C | | <u> </u> | Registration Section Division of Corporations | |
| P.O. Box 632 | .7 | The Centre of | Tallahassee | |
| Tallahassee, l | FL 32314 | 2415 N. Monro | 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Koleos Rosenberg McMahon PLLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10/2/2013}{2}$ ____ and assigned Florida document number L13000139257 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Koleos Rosenberg PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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 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 |
|--------------|--------------------|-----------------------------|----------------|
| MGRM | Gregory P. McMahon | 8211 W. Broward Blvd., #330 | |
| | | Plantation, FI. 33324 | ≣Remove |
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| Effective date, if other than the date of filing: (tran effective date is lifeted the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 (3 More). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the cord is filed. Dated March 31. 2021 Signified of a member or authorized representative of a member. | | |
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| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the cord is filed. Dated March 31, 2021 | - | |
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| Sign trure of a member or authorized representative of a member | Dated | |
| Signature of a member or authorized representative of a member | | |
| | | / (la) A. Kollot |

Filing Fee: \$25.00

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