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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	 	 	

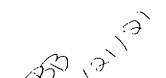
The Address of the Ad

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BUTLER HIGH, PLLC**

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Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BUTLER HIGH, PLLC					
(Name of the Lim	ited Liability Compa (A Florida Limited	ny as it now appears on our record Liability Company)	<u>is.</u>)		
The Articles of Organization for this Limited L	iability Company	were filed on 01/02/2014	and assigned		
lorida document number L14000000486	·				
his amendment is submitted to amend the fol	lowing:				
If amending name, enter the new name of	of the limited liab	ility company here:			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."		
Inter new principal offices address, if applicable:		5089 SW Blue Daze Way			
Principal office address MUST BE A STRE	ET ADDRESS)	DDRESS) Palm City, FL 34990			
74					
nter new mailing address, if applicable:		5089 SW Blue Daze Way	-1 2		
Mailing address MAY BE A POST OFFICE BOX)		Palm City, FL 34990			
	·····		AH.		
			1887 1883		
. If amending the registered agent and/or gent and/or the new registered office address.		address on our records, enter	Sec. 1		
gent and/or the new registered office addr.	ss ucic.				
Name of New Registered Agent: Andrew J. Hig		h, P.A.	TATE TO TRICK		
New Registered Office Address:	5089 SW Blue	Daze Way			
		Enter Florida street addre	f.s		
	Palm City		orida 34990		
		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 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

Title	Name	Address	Type of Action
MGR	Danielle J. Butler, P.A.	625 Poinciana Drive	
		Fort Lauderdale, FL 33301	■ Remove
	·		
			□ Add
			□ Remove
			DChange
			
			☐Remove
			Change
			□Add
			□Remove
			☐ Change
			DAdd
			Remove
			Change
			□Remove
			☐ Change

	sending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	ACE	2021	
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		44 :	
Note	fective date, if other than the date of filing:	.0207 (3)(b) ed as the	
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after filed.	the .	
Date	d June 10th 2021		
	$\Theta C = 1/1$		
	Signature of a member or authorized representative of a member		