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COVER LETTER

TO: Registration S Division of Co				
Fein Law	, LLC			
SUBJECT:	Name of Lir	nited Liability Company		
	750000 (7) 1321	uncu indumy company		~~~
	f Amendment and fee(s) are sul	_		TO THE TOTAL STATE OF THE PARTY
Please return all corresp	ondence concerning this matter	to the following:		
	Dehra Feit			
	Fein Law, LLC	Name of Person		- 35 1
		Firm/Company		_
	40) East Las Olas Blvd.;	Suite 1476		
		Address		_
	Fort Lauderdale, FL 3336) I		
	Debra@StratfordLawGrou	City/State and Zip Code p.com		-
	E-mail address: (to be used for future annual report n	otification)	
	concerning this matter, please c	all:		
Debra Feit		954 995-5400		
Name o	of Person	at () Area Code Dayti	ime 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)	Certified	te of Status &
	ING ADDRESS: ration Section	STREET/COUR Registration Sect	RIER ADDRESS:	

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

· TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fein Law, LLC

(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 April 23, 2014 Florida document number L14000077631 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Stratford Law Group, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 401 East Las Olas Blvd. Enter new principal offices address, if applicable: Suite 1476 (Principal office address MUST BE A STREET ADDRESS) Fort Lauderdale, FL 33301 401 East Las Olas Blvd. Enter new mailing address, if applicable: Suite 1476 (Mailing address MAY BE A POST OFFICE BOX) Fort Lauderdale, FL 33301 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: Debra Feit Name of New Registered Agent: 401 East Las Olas Blvd.; Suite 1476 New Registered Office Address: Enter Florida street address

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

City

Fort Lauderdale

If Changing Registered Agent, Signature of New Registered Agent

. Florida 33301 Zip Code

It 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>	<u>Address</u>	Type of Action
MGR	Debra Feit	401 East Las Olas Blvd; Suite 1476; Fort Lauderdale, FL 33301	■ Add
			Pemove
			Change
MGR	Debra Lynn Fein	633 South Andrews Avenue: Suite 200; Fort Lauderdale, FL 33301	Add
			■ Remove
			Change
	-		
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ffective date, if other tha	in the date of filing:(optional)
totes if the date miserica m	an the date of filing:
e record specifies a de The 90th day after th	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of the cord is filed.
March 29 lated	2019
Delval	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee