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BRUCT

COVER LETTER

TO: Registration So Division of Con					
	Lewis, PLLC				
SUBJECT:	Name of Lim	ited Liability Company	, , , , , , , , , , , , , , , , , , , ,		
	Amendment and fee(s) are sub				
	Rob Hyman				
		Name of Person			
	Hyman & Lewis, PLLC				
		Firm/Company		_ _	
	6221 West Atlantic Blvd				
		Address			
	Margate, Florida 33063			ರ	
	RHyman@hymanlewis.con			2016 WAR SECKETA ALLAHAS	7
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report	notification)	SEE I	
Rob Hyman		954 780-825 at ()	0		7
Name o	of Person		ytime Telephone Numb	erse 4	
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)	Certifie	Filing Fee, cate of Status & ed Copy hal copy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hyman & Lewis, PLLC	•	
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L14000083978	ty Company were filed on May 23, 2014	and assigned
This amendment is submitted to amend the following	2:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2	
B. If amending the registered agent and/or registered agent and/or the new registered office a		the name of the new
Name of New Registered Agent:		SH -
New Registered Office Address:		
	Enter Florida street address Florida	9 5 9 5
	, Florida	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 Changing Registered Agent, Signature of New Registered Agent

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
MGR	Rob Hyman, P.A.	1100 NW 78 Avenue	☐ Add
		Plantation, Florida 33322	■ Remove
			☐ Change
MGR	Jonathan Lewis, P.A.	1516 Fletcher Street	□ Add
		Hollywood, FL 33020	■ Remove
			☐ Change
MGR	Rob Hyman	1100 NW 78 Avenue	⊟ Add
		Plantation, Florida	□ Remove
			□ Change
MGR	Jonathan Lewis	1516 Fletcher Street	Add
		Hollywood, FL 33020	R R R R R R R R R R R R R R R R R R R
			3338 0 Aye
			And Company of the Property of
			Change
			Add
			☐ Remove
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	(n = 1)	
•		<u> </u>
E. Effect	tive date, if other than the date of filing: (optional)	
Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be nent's effective date on the Department of State's records.	605.0207 (3)(t listed as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early 90th day after the record is filed.	arlier of:
Dated	March 10 , 2016 .	
		_
	Signature of a member or authorized representative of a member	
	Rob N. Hyman Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00