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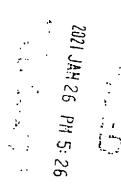
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## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	Obront Cor	ey, PLLC		
30031201.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Michael James Corey		
,		·	Name of Person	· · · · · · · · · · · · · · · · · · ·
		Obront Corey, PLLC		
			Firm/Company	<del></del>
		100 S. Biscayne Blvd., Sui	ite 800	
			Address	
		Miami, Florida 33131		
			City/State and Zip Code	
		mcorey@obrontcorey.com F-mail.address: (	to be used for future annual report n	otification)
For further in	iformation c	oncerning this matter, please co	·	, and the same of
Michael Jam	ies Corey		305 373-1040	
	Name o	f Person		ime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	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)
	iling Addres		Street Address: Registration S	Section .

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

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 JAN 26 PM 5: 26

If Changing Registered Agent, Signature of New Registered Agent

Obront Corey, PLLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

•	
ty Company were filed on 08/28/14	
<u>g</u> :	
limited liability company here:	
Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
ODRESS)	
2	
<u>re</u> :	enter the name of the new registere
Enter Florida street	address
	, Florida
·	Zip Code
tered Agent:	
ent and agree to act in this capacity nd complete performance of my dut d agent as provided for in Chapter tered office address, I hereby confi	ies, and I am familiar with and 605, F.S. Or, if this document is
	ered office address on our records, re:  Enter Florida street  City  Lered Agent:  ent and agree to act in this capacity ad complete performance of my duty d agent as provided for in Chapter

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 = M $AMBR = A$	lanager Authorized Member			
<u>Title</u>	<u>Name</u>	Address	2021 JAN 26 PM 5: 26	Type of Action
MGR	Curt D. Obront		7.1.3.20	□Add
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Effective date, if other than the fan effective date is listed, the date many Note: If the date inserted in this bedocument's effective date on the I	e date of filing:	(optional of filing or more than 90 days after filing atutory filing requirements, this days	l) ag.) Pursuant to 605.0207 te will not be listed as
record specifies a delayed effecti d is filed.	ve date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated	2021		
HIL T			
1000	Signature of a member or authorized re		

Filing Fee: \$25.00

Typed or printed name of signee