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COVER LETTER

O: Registration Sc Division of Cor				
ивлест: <u>ВОРД</u>	ELEAY, CAIRNE Name of Limite	ES COOPERS	SMITH, LL	? _
he enclosed Articles of	Amendment and fee(s) are subm	itted for filing.		
lease return all correspo	ondence concerning this matter to	the following:		
	Kathleen Be	Andele August Name of Person		
	BORDELEAU	& Coopersm	ith, LC	
	340 U5 H	Addres	Suite 100	77
	North Palm	Beach 72 3 City/State and Zip Code	3340 8 25	
		BCC - CPA, C	AN 25 PH 4: 10	
or further information c	oncerning this matter, please cal	1:		
Kathleen Name o	Bordeleau (Person		-6644 Telephone Number	
nclosed is a check for th	<u>-</u>			
S25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Stat Certified Copy (additional copy is en	tus &
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

BORDELEAU, CAIRNES & COOPERSMITH, LLC
(Name of the Emited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com- lorida document number <u>L 14000 15873</u>		† 10, 2014 and assigned
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	l liability company here:	
BORDEL EAU & COOPER SW he new name must be distinguishable and contain the words "Limited	11+H LLC Liability Company," the design	nation "LLC" or the abbrevision "L.L.C."
Inter new principal offices address, if applicable:	<u> </u>	2 Z
Principal office address MUST BE A STREET ADDRES	<u></u>	25 P
		E S E
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered of gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida :	
	EMC F WRAA	
	City	, Florida Zip Code
w Registered Agent's Signature, if changing Registered A	-	,
vereby accept the appointment as registered agent and ovisions of all statutes relative to the proper and compeet the obligations of my position as registered agenting filed to merely reflect a change in the registered of mpany has been notified in writing of this change.	-— l agree to act in this cap plete performance of my t as provided for in Cha _l	duties, and I am familiar with and other 605, F.S. Or, if this document is
ប៊ែ	f Changing Registered Agent,	Signature of New Registered Agent

I amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person—being added</u> <u>r_removed from our_records</u>:

AGR = Manager AMBR = Authorized Member

<u>`itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
			□Change
			□Remove
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			SSEE, FILE
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Due to death we are a	hanging	
the LLC mame by men	novina O	
the decesed partner ,	harled	Carnes)
¥		
		S 2
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		T SAN TO
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-		理主
tive date, if other than the date of filing: feetive date is listed, the date must be specific and cannot be prior to date of fi	(optional)
If the date inserted in this block does not meet the applicable statute		
ment's effective date on the Department of State's records.		
ord specifies a delayed effective date, but not an effective time, at 12:0	Olomos in the multiple	of the The Oath day of se
filed.	or a.m. on the cattler t	or, (b) The will day after
,		
Kathleen Bordeleau		
Sathles a) Box lellage.		
Signature of a member or authorized repre	sentative of a member	

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