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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO:		Registration S Division of Co			
emb	1120		line, PLLC		
SUD,	JEC	Т:		nted Liability Company	
There	onele	nead Artialae at	Amendment and fee(s) are sub	ansittad for Elima	
			ondence concerning this matter	•	
			and on the matter	to the tone ting.	
			Salma Benkabbou		
				Name of Person	
			SBLawOnline, PLLC		
				Firm/Company	
			620 E. Twiggs Street, STE	306	
				Address	
			Tampa FL 33602		
			salma@benkabboulawfirm.	City/State and Zip Code	
			E-mail address: (to be used for future annual report n	otification)
For fu	urthe	r information c	concerning this matter, please c	all:	
Salma	a Be	nkabbou		813 586-3351 at (
		Name o	t Person	Area Code Dayt	ime Telephone Number
Enclos	ised i	is a check for th	ne following amount:		
) 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 enclose

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

(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 10/04/2014 and assigned Florida document number 1.140/00160066 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Benkabbou Law Firm PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida (Die Code	SBLawOnline, PLLC		
The Articles of Organization for this Limited Liability Company were filed on	(<u>Name of the Limited Liab</u> (A Flor	oility Company as it now appears on our records. ida Limited Liability Company)	-)
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The Benkabbou Law Firm PLLC The new name must be distinguishable and coatain the words "Limited Liability Company," the designation "L.L.C" or the abbrevision "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florada street address Florida	This amendment is submitted to amend the following:		
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New Registered Office Address: Enter Florida street address Florida			enter the name of the n
Enter Florida street address, Florida	Name of New Registered Agent:		
, Florida	New Registered Office Address:	Enter Florida street address	
· · · · · · · · · · · · · · · · · · ·			
		, Floi	rida 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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If an eff Note:	e date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 the date inserted in this block does not meet the applicable statutory filing requirem t's effective date on the Department of State's records.	(optional) days after filing.) Pursuant to 60 tents, this date will not be list	5,0207 (3 ted as th
he red The	rd specifies a delayed effective date, but not an effective time, at 3 0th day after the record is filed.	12:01 a.m. on the earli	er of:
Dated	J. a. B. H. U.	er	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00