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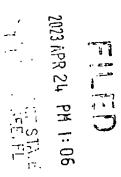
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Y. SCOTT
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## **COVER LETTER**

TO: Registration S Division of Co		-	
	rawford, Esq., P.L.L.C.		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Lisa K Crawford		
		Name of Person	
	Lisa K. Crawford, Esq., P.	L.L.C.	2023 APR 24
		Firm/Company	1PR
	1975 E Sunrise Blvd Ste 8	26	*
		Address	
	Fort Lauderdale FL 33304		7:08
	lisacrawford954@gmail.co	City/State and Zip Code	<u> </u>
	<del>-</del> -	to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Lisa K Crawford		954 870-7600 at ( )	
Name	of Person	Area Code Daytin	ie Telephone Number
Enclosed is a check for	the following amount:		
■ \$25,00 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)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Fallahassee be Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lisa K. Crawford, Esq., P.L.L.C.		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our imited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Cor	mpany were filed on <u>7/27/2015</u>	and assigned
lorida document number 1.15000126215		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limite	ed liability company here:	
Lisa K. Crawford, Esq., PLLC		202
he new name must be distinguishable and contain the words "Limite	d Liability Company," the designation	on "LLC" or the abbreviation [EL.C."
Inter new principal offices address, if applicable:		PR
Principal office address MUST BE A STREET ADDRE	<u></u>	
		75 TO 0
Enter new mailing address, if applicable:		デーの 
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	office address on our records.	, <u>enter the name of the new registe</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	rt address
		, Florida
	City	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
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				□Change
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