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COVER LETTER

TO: Registration Se Division of Cor		·			
DEWITT,	PLLC	,			
SUBJECT:					
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	SUZANNE M. DEWITT				
		Name of Person			
	DEWITT, PLLC				
		Firm/Company			
	600 BRICKELL AVENUE	SUITE 2500			
		Address			
	MIAMI, FLORIDA 33131				
	SUZANNE@DEWITTPLL	City/State and Zip Code C.COM			
	E-mail address: (to be used for future annual report notif	ication)		
For further information of	oncerning this matter, please c	all:			
RENE ALTAMIRANO	3	305 608-4889			
		at ()			
Name o	d Person		e Telephone Number		
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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre		Street Address: Registration Sec	etion		
Registration Section Division of Corporations		Division of Cor			
P.O. Box 6327		The Centre of T	-		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEWITT, PLLC (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 ____ Florida document number _____ L15000127697 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DEWITT AND ALTAMIRANO PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

___. Florida

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
			□ Add
			□Remove
			□Change
			□Remove
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Effective date, if o	ther than the dat	e of filing:	at ha prior to de	to of filing or more	(option 00 down after	onal) - filing.) Pursuant to 605	. 0205
Note: If the date ins	serted in this block	does not meet t	he applicable	statutory filing r	equirements, thi	s date will not be list	ed as
locument's effective	; date on the Depar	tment of State s	s records.				
	lelayed effective da	te, but not an et	fective time.	at 12:01 a.m. on	the earlier of: (b) The 90th day afte	r the
record specifies a c d is filed.			· 1				
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Typed or printed name of signee