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COVER LETTER

	gistration Sec vision of Corp			
oun meer		fices of Michael Gulisano, PL	LC	
SUBJECT:		Name of Limi	ted Liability Company	
The enclose	d Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspon	dence concerning this matter	to the following:	
		Michael Gulisano		
			Name of Person	
		The Law Offices of Michael	el Gulisano, PLLC	
			Firm/Company	
		5645 Coral Ridge Drive, S	uite 207	
			Address	
		Coral Springs, FL 33076		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		michael@gulisanolaw.com		
		E-mail address: (t	o be used for future annual repo	ort notification)
For further	information co	ncerning this matter, please ca	ili:	
Michael Gu	ilisano		954 94739 at ()	72
	Name of	Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the	e following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

19 MAR II PH 9.

TALLAHASSEE, FLORIDA

The Law Offices of Michael Gulisano, 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 C	ompany were filed or	10/29/2015	and assigned	117/
Florida document number Lt5000184471	ompany were med or		and assigned	
riorida document number	_ ·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability compan	y here:		
Gulisano Law, PLLC				
The new name must be distinguishable and contain the words "Lim	ited Liability Company,"	the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	(ESS)			
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE BOX)				
Name of New Registered Agent: New Registered Office Address:				
	Enter	Florida street address		
		, Flo	rida Zip Code	
	•		Zip Code	
New Registered Agent's Signature, if changing Registered	1 Agent:			
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and conaccept the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance zent as provided for	e of my duties, an in Chapter 605, I	d I am familiar with and F.S. Or, if this document is	he
	If Changing Registere	d Agent, <u>Signature o</u>	f New Registered Agent	
	Page 1 of 3			

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 = A	authorized Member		
<u>Title</u>	Name	Address	Type of Action
		· · ·	□ Add
			□ Remove
			Change
			Remove Change T
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te: If the date inserted in t	the date of filing:e must be specific and cannot be prior to date of finis block does not meet the applicable statute the Department of State's records.	(optional) ling or more than 90 days after filing.) Pursuant to 605,020 ory filing requirements, this date will not be listed a
record specifies a de The 90th day after the	ayed effective date, but not an effe record is filed.	ective time, at 12:01 a.m. on the earlier o
March 4	2019	
	1/11/1	

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Typed or printed name of signce

Filing Fee: \$25.00