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SECRETARY OF STATE

D. BRUCE JUL 28 2018

COVER LETTER

Div	ision of Corp	porations				
SUBJECT:	Ross Amse	el Raben Nascimento, PLLC	>			
SUBJECT.		Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		Joseph Nascimento				
Name of Person						
Ross Amsel Raben Nascimento, PLLC						
Firm/Company						
2250 SW 3rd Ave, 4th Floor Address				.et. 199	<i>.</i> ···	
			Address		ALC:	- 41
		Miami, FL 33129				
			City/State and Zip Code		SEE SEE	
		joenascimento@crimlawf	irm.com to be used for future annual report notific	ation)	OF S) i j
For further in	nformation co	oncerning this matter, please ca	·	,	TATE DRIDA	
Joseph Na	scimento		305 858-9550 at ()			.و. ع
	Name of	Person		Felephone Number		
Enclosed is a	a check for th	e following amount:				
\$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

MAILING ADDRESS:

TO: Registration Section

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

Ross Amsel Raben Nascimento, 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 January 7, 2016 and assigned Florida document number L16000005716 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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 Florida City

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Law Offices of Alan S. Ross PA	2250 SW 3rd Ave, 4th FL	
		Miami, FL 33129	■ Remove
			☐ Change
			□ Remove
			☐ Change
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			AAR E
			Conge Conge
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		F(1) # (F(2) 12 12 12 12 12 12 12	1
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		RATE OF STREET	
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Effective date, if other than If an effective date is listed, the date	the date of filing:	(optional) f filing or more than 90 days after filing.) Pursuant to 605.0	0207
Note: If the date inserted in thi		utory filing requirements, this date will not be listed	
ne record specifies a dela The 90th day after the		fective time, at 12:01 a.m. on the earlie	r of
July 18 Dated	2018		
CM			
\/ /		presentative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00