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## **COVER LETTER**

TO: Registration Se Division of Cor			
SURJECT: 1/02	quez, Giller & Silv Name of Lin	ustein LLC	
	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:	
	Toson	B. Giller	
		Name of Person	
	Varanez bil	//er & Silversteln, elec	•
		Firm/Company	
	701 Brickell	Ave., Snita 2000 Address	
	Migmi E	City/State and Zip Code	
		City/State and Zip Code	
	Jesone	q.////pa. com to be used for future annual report noti	*****
			neation)
	oncerning this matter, please c		
Iren Koval	<i>'\i</i>	at (305) 999 Area Code Daytim	-1906
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 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 Compar (A Florida Limited I	Silvastain, CCC	
(A Florida Limited I	ny as it now appears on our recordinability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		1 -
A. If amending name, enter the new name of the limited liabi	lity company here:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Vazgaez, Giller, Silverstein & Orsh	an, LLC	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ty Company." the designation "LLC  TOI Brixkell Are 208 Floor (solk 200  Miami, FL 33131	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	701 Berikell Are 2016 Floor (Soite 200 Mismi, FC 33131	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the new
Name of New Registered Agent: Joson A	B. Giller PA Trickell Ave , 20 20 F	lou r
Minim)	City,	orida <i>33/ 3 /</i>
New Registered Agent's Signature, if changing Registered Agent:	Guy	гар спис
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, ar provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Joson Gillu A. Jason B Gillu IA

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
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fective date, if other than the date of filing:  (optional)  In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to the life the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be learnest's effective date on the Department of State's records.  In eccord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies of the poth day after the record is filed.	(optional) o date of filing or more than 90 days after filing.) Pursuant to 605.0207 ble statutory filing requirements, this date will not be listed as an effective time, at 12:01 a.m. on the earlier of		······································				<del></del>
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Signature of a member or authorized representative of a member	ineq representative of a memori			//	ized representative of	a member	

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