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COVER LETTER

	Registration Se Division of Cor					
CHRIDA		Law Firm, LLC				
SUBJEC	1:	Name of Limited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please reti	um all correspo	ndence concerning this matter	to the following:			
		Anna Demidchik, Esq.				
	Name of Person					
		Demidchik Law Firm, LLC	5			
		Firm/Company				
		5323 Millenia Lakes Boule	evard, Suite 300			
			Address			
		Orlando, Florida 32839				
		·	City/State and Zip Code	· -		
		Robert@dcklawfirm.com				
		E-mail address: (to be used for future annual report no	tification)		-
For furthe	r information co	oncerning this matter, please c	all:		F)	••
Anna Den	nidchik, Esq.		718 255-9898 at ()			37.2
	Name of	f Person	Area Code Dayti	me Telephone Number	ر ر	o.⊰E
Enclosed i	is a check for th	e following amount:			हि स्र	- Cor st
■ \$25. 0	0 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional con	g Fee. In of Status &	ATIORS

Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Demidchik Law Firm, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000136206	were filed on July 20, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Demidchik Law Firm, PLLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designatio	n "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 a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records,	enter the name of the new registered
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dut provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

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
AMBR	Kevin E. Morgan, Esq.	354 North Long Beach Road	= Add
		Rockville, Centre, NY 11570	□Remove
			Change
			□ Remove
			☐ Change
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Effective date, if other than i	ho data of fili	ina		lan	otional)	
Note: If the date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific a block does no	and cannot be prior t meet the applic	to date of filing o able statutory fi	r more than 90 days at	fter filing.) Pursuant to	605.0207 listed as
e record specifies a delayed effer rd is filed.	tive date, but n	ot an effective t	ime, at 12:01 a.r	n. on the carlier of:	(b) The 90th day a	after the
October 20		2020				
	$\overline{\mathscr{V}}$	5 NA	-			
	Signature of	a member or aux	brized representat	ive of a member		-
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Filing Fee: \$25.00