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| TO: | Registration Se Division of Cor | | | |
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| ento n | | Law Group, PLLC | | |
| SUBJE | .cr: | Name of Lim | ited Liability Company | |
| The en | closed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please | return all correspo | ndence concerning this matter | to the following: | |
| | | H. Starr Parker | | |
| | | | Name of Person | |
| | | Start Justice Law Group, P | LLC | |
| | | - | Firm/Company | |
| | | Post Office Box 11141 | | |
| | | | Address | |
| | | Fort Lauderdale, FL 33339 | , | |
| | | | City/State and Zip Code | |
| | | Starr@starrjustice.com | | |
| | | E-mail address: (| to be used for future annual report notifi | ication) |
| For fur | ther information co | oncerning this matter, please ea | all: | |
| H. Star | τ Parker | | 888 457-8880 | |
| | Name of | Person | at () Area Code Daytime | Telephone Number |
| Enclose | ed is a check for th | e following amount: | | |
| \$2: | 5.00 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

| Starr Justice Law Group, PLLC | |
|--|---|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited) | Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number \(\frac{\L16000137824}{\dagger}\). | were filed on July 22, 2016 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | pility company here: |
| Starr Justice Law Firm, PLLC | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 1451 W. Cypress Creek Rd. |
| Principal office address MUST BE A STREET ADDRESS) | Suite 300 |
| | Fort Lauderdale, FL 33309 |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | Post Office Box 11141 Fort Lauderdale, FL 33339 |
| 3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | ffice address on our records, enter the name of the ne |
| Name of New Registered Agent: N/A | LAH |
| New Registered Office Address: 1451 W. Cypre | [*1-m |
| Fort Lauderdale | , riorida |
| New Registered Agent's Signature, if changing Registered Agent: | City Sin Zip Crole |

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------|----------------|----------------|
| N/A | N/A | N/A | Add |
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| tive date, if other than the | date of filing: | (option | al) |
| If the date inserted in this bl | ock does not meet the applicable state | utory filing requirements, this d | ate will not be liste |
| ment's effective date on the D | epartment of State's records. | | |
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| | l effective date, but not an eff | fective time, at 12:01 a.r | n. on the earlie |
| e 90th day after the rec | ord is filed. | | |
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| May 29 | 2018 | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00