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COVER LETTER

| TO: Registration Sect Division of Corpo | ion * prations |
|--|---|
| Long & Algu SUBJECT: | adich, PLLC |
| | Name of Limited Liability Company |
| | mendment and fee(s) are submitted for filing. dence concerning this matter to the following: |
| | Albert L. Alguadich, Jr. |
| | Name of Person |
| | Long & Alguadich, PLLC |
| | Firm/Company |
| | 5185 Castello Drive Suite 2 |
| | Address |
| | Naples, Florida 34103 |
| | City/State and Zip Code |
| | albertalguadich@gmail.com E-mail address: (to be used for future annual report notification) |
| For further information con | cerning this matter, please call: |
| Albert L. Alguadich, Jr. | 239 691-2381 |
| Name of P | erson Area Code Daytime Telephone Number |
| Enclosed is a check for the | following amount: |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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**

| Long & Alguadich, PLLC | | |
|--|--|------------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number L16000225609 | were filed on December 13, 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: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 5185 Castello Drive | |
| (Principal office address MUST BE A STREET ADDRESS) | Suite 2 | IAS . |
| | Naples, FL 34103 | 6 6 |
| Enter new mailing address, if applicable: | 5185 Castello Drive | EC 27 HASSE |
| (Mailing address MAY BE A POST OFFICE BOX) | Suite 2 | |
| | Naples, FL 34103 | 1 : CO |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her | • | enter the name of the ne |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Flori | |
| | City | Zip Code |
| 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
| THE | Name | Address | Type of Action |
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Filing Fee: \$25.00