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S Warren

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COVER LETTER

	gistration Sec vision of Corp			
SUBJËCT:	ROSS D KE	NNEDY & ASSOCIATES PI	LLC	
SCOULCT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please returi	all correspor	ndence concerning this matter	to the following:	
		MATTHEW A BLUMBER	RG CPA	
			Name of Person	
		MITCHELL TAYLOR CP	A PA	
			Firm/Company	
		4800 N FEDERAL HWY	0-102	
			Address	
		BOCA RATON, FL 33431		
			City/State and Zip Code	1.20.
		MATT@MITCHELLTAYI	ORCPA.COM to be used for future annual report no	tification)
For further in	nformation co	ncerning this matter, please ca	•	(meanon)
MATTHEW	BLUMBER	G CPA	561 367-1568 at ()	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a	a check for the	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)	□ \$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**

(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our record nited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Comp Florida document number L17000049498	pany were filed on 2/27/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
ROSS D KENNEDY PLLC		
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:	N/A	
Principal office address MUST BE A STREET ADDRES.	<u>S)</u>	
Enter new mailing address, if applicable:	NA	•
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
g www.css ivita 122 11 001 011 102 1010		
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address		s, enter the name of th
3. If amending the registered agent and/or registere		
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address	<u>N/A</u>	•
3. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:	s here: N/A Enter Florida street addres	•

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

Page 1 of 3

· 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name 11/A	<u>Address</u>	Type of Action
	N/A		_ □ Add
			□ Remove
			☐ Change
			Add
			□ Remove
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	——————————————————————————————————————	Signature of	f a member or aut	horized representa	tive of a membe			1
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Filing Fee: \$25.00