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COVER LETTER

TO Registration Division of O	Section Corporations				
Abogad	lo Rapido, PLLC				
SOBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
	Matt S. Englett				
		Name of Person		%	
	Abogado Rapido, FLLC		· }		11
		Firm/Company	•	2 2	
	150 N. Orange Ave, Suite	414	•	<i>=</i> Ŭ	, 'i
		Address		رب	
	Orlando, FL 32801			<u> </u>	
	menglett@attorneycreditser	City/State and Zip Code vices.com			
	E-mail address: (to be used for future annual report notif	ication)		
For further informatio	n concerning this matter, please c	all:			
Matt Englett		321 320-9200			
Nan	ne of Person		Telephone Number		
Enclosed is a check for	or the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status				
		(additional copy is enclosed)	Certified Co tadditional cop	ру	
Ma	JUING ADDRESS:	STRFFT/COHRII	FR ADDRESS:		

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

ABOGADO RAPIDO, PLLC			
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our rec limited Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Co Florida document number L17000123879	mpany were filed on		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "		
Enter new principal offices address, if applicable:			e de la companya de l
Principal office address MUST BE A STREET ADDRE	ESS)		-3 - [
			<u> </u>
		b .	7
Enter new mailing address, if applicable:		r	\mathbb{Q}
Mailing address MAY BE A POST OFFICE BOX)		•	<u>=</u>
maning marcos may be a rost of rice box			<u></u>
		<u> </u>	
3. If amending the registered agent and/or registe		ords, <u>enter</u>	the name of the
egistered agent and/or the new registered office addre	ess here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street ad	ldress	
		. Florida	
	Cuy		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, 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
MGR	Jose E. Lopez	150 N. Orange Ave, Suite 414 Orlando, FL 32801	
			■ Remove
			Change
MGR	Matt S. Englett	150 N. Orange Ave, Suite 414 Orlando, FL 32801	≅ Add
			Remove
			Change
			Ndd
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	more than 90 days after fil	ar) ing.) Pursuant to 605
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Page 3 of 3

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