## 117000151367

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

PAMELA SUBJECT:	J. HENNIG, PLLC		•
30bJEC.1:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Pamela J. Hennig, Esq.		
		Name of Person	
	Pamela J. Hennig, PLLC	l/b/a Conforti & Hennig	
		Firm/Company	
	2770 Indian River Boulev	ard, Suite 312	
		Address	
	Vero Beach, FL 32960		
		City/State and Zip Code	<del></del>
	pamela@veroelderlaw.com		
	E-mail address; (	to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Pamela J. Hennig, Esq.		772 257-0421	
Name of Person			ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration : Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monre	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAMELA J. HENNIG, PLLC

(Name of the Limited Liability Compar (A Florida Limited I.	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L17000151367}{L17000151367}$ .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "ELC" or the ab	breviation "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)	).	202
		N TI
	~ ?/	. <
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name	
Name of New Registered Agent:	O 왕	. α
Name of New Negistered Agent.		<u></u>
New Registered Office Address:	Enter Florida street address	<del>_</del>
<del></del>	, Florida	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 of company has been notified in writing of this change.	performance of my duties, and I am for rovided for in Chapter 605, F.S. Or, i	amiliar with and 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
AMBR	Marie S. Conforti, Esq.	2770 Indian River Boulevard, Suite 312	≣Add
		Vero Beach, FL 32960	□Remove
			□ Change
			. □Add
			□Remove
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(If an effect Note: If	e date, if other t tive date is listed, the the date inserted it's effective date	e date must be speci in this block doe	cific and cannot be es not meet the	applicable statu	tiling or more than tory tiling requir	(optional) 90 days after filing, ements, this date	) Pursuant to 605.020 will not be listed a
ne record s ord is filed		d effective date,	but not an effec	ctive time, at 12	:01 a.m. on the ea	arlier of: (b) Th	e 90th day after th
Dated No	ovember 16		. 2022	·			
	ter	MM_					
		Signate	are of a member of	or authorized repr	esentative of a mer	nber	<u> </u>
	Pamela J. Henr	.•					

Filing Fee: \$25.00