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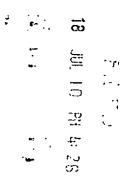
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COVER LETTER

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		KISH PLLC		
SUBJECT	:	Name of Lim	ited Liability Company	
			-	
riease retur	n all correspo	ndence concerning this matter	to the following:	
		RINER KISH PLLC Name of Limited Liability Company cles of Amendment and fee(s) are submitted for filing. Department of Person and Person Firm/Company 1645 Palm Beach Lakes Blvd. Suite 1200 Address West Palm Beach, FL 33401 City/State and Zip Coderich@lubliner-law.com E-mail address: (to be used for future annual ation concerning this matter, please call: Solution of Person Reference and Zip Coderich and City/State and Zip Coderich@lubliner-law.com E-mail address: (to be used for future annual ation concerning this matter, please call: Solution of Person Reference and Zip Coderich		
			Name of Person	
			Firm/Company	
		1645 Palm Beach Lakes	Blvd., Suite 1200	
			Address	
		West Palm Beach, FL 33	3401	
			City/State and Zip Code	
		=	to be used for lature gamed concernation	ention
For further	information co		·	Cath Mil
Richard Lu			561 207-2018	
	Name of	Person	at ()	Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00	Filing Fee		□ \$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

TO:

Tallahassee, F1, 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

LUBLINER KISH PLLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/19.17 _____ and assigned Florida document number L17000154621 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LUBLINER LAW PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	Address	Type of Action
AMBR	KISH. MATTHEW	1200 N. FEDERAL HWY	
		SUITE 200	5
		BOCA RATON, FL 33432	Change
			Add
			□ Remove
			☐ Change
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