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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Law Office of Sasha G. Mckin, PLLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sasha Dada A
Law office of Sasra G. Dadan, Plice Firm/Company
1771 Lo. Ruyal Tern LN.
City/State and Zip Code Sashadada vos mail (Om) E-mail address: (to be used for future animal report notification)
For further information concerning this matter, please call:
Name of Person at (407) U9 4-7 337 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \cdot \Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \cdot \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

The Articles of Organization for this Limited Liability Company were filed on Florida document number / 1700/166037 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation 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: Same Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 Title Name <u>Address</u> **Type of Action** □ Add _□ Remove □ Change □ Add □ Remove □ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Remove _□ Change

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Effec	tive date, if other than the date of filing:(optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020
it an ei <u>Note:</u>	ffective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursiaint to 605,020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier ceford by after the record is filed.
1116	e 90th day after the record is filed.
Datas	September 22, 2017
Date	September 201
	(Hale 1)-I
	Signature of a member or authorized representative of a member
	South a Control of
	Typed or printed name of signee

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Filing Fee: \$25.00