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TO: Registration Sect Division of Corpo	orations	COVER LETTER
SUBJECT:		of Limited Liability Company
The enclosed Articles of Artic		<u>-</u>
r rease retain an correspond	Michael DeMarco	latter to the following.
		Name of Person
	12574 Shimmering C	Firm/Company Oak Circle
	Venice, Floriad 3429	Address
	mike@sellingsuncoas E-mail add	City/State and Zip Code t.com ress: (to be used for future annual report notification)
For further information con-	 	ase call:
Mike DeMarco		941 315-7008 at ( )
Name of P	erson	Area Code Daytime Telephone Number
Enclosed is a check for the i  ■ \$25.00 Filing Fee	© S30.00 Filing Fee & Certificate of State	
Registrati Division c P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, 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

Mike DeMarco, PLLC.	
(Name of the Limited Liab	pility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 8-21-2017 and assigned
Plorida document number L17000177715	<u></u> .
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the li	mited liability company here:
Michael DeMarco, PLLC.	
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	ETARY OF STA AHASSEE, FLOR
	——————————————————————————————————————
B. If amending the registered agent and/or reg egistered agent and/or the new registered office ad	gistered office address on our records, <u>enter the name of the ne</u> <u>Idress here</u> ;
Name of New Registered Agent:	
New Registered Office Address:	
ļ.	Enter Florida street address
	, Florida
<u> </u>	City 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

f amending Authorized Person(s) authori or removed from our records:	zed to manage, <u>enter the title, name, and</u>	address of each person being added
MGR = Manager AMBR = Authorized Member		
<u> Name</u>	<u>Address</u>	Type of Action
		Remove
		Change
	-	☐ Remove
		Change
		Add
		□ Remove
		□ Change
		Remove
		□ Change
		Pemove
		□ Change
		Remove
		Change

<b>D.</b> If amending any other information, enter change(s) here: $(At)$	tach additional sheets, if necessary.)
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	<del></del>
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	9 41
	DA 33
	·····
	<u>-</u> .
C. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date  Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) attutory filing requirements, this date will not be listed as the
f the record <u>specifies a delayed effective date,</u> but not an e b) The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of:
Dated August 30th 2017  Signature of a member or authorized of	
Signature of a member or authorized re	epresentative of a member
Michael DeMarco Typed or printed name	
Typed or printed name	of signee
Page 3 of .	3

Filing Fee: \$25.00