Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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, - ,	Division of Corporations	ت انتها
	Fax Number : (850)617-6383	
From:		2:5- 5
	Account Name : BLUMBERG/EXCELSIOR CORPORATE	SERVICES,
	Account Number : 075350000353	>- ' - €
	Phone : (800)221-2972	
	Fax Number : (718)889-7420	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE LAW OFFICE OF POORVI CHOTHANI PLLC

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Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE LAW OFFICE OF POORVI			
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Cor	v appears on our records.) mpany)	
The Articles of Organization for this Limited I	Liability Company were filed	l on09/26/2017	and assigned
Florida document numberL17000199209	 •		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability comp	ogny here:	
The new name must be distinguishable and contain the	words 'Limited Liability Compan	y," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		7-1 75
			r- 1 00
Enter new mailing address, if applicable:			υ <u>Γ</u>
(Mailing address MAY BE A POST OFFICE	ROYO		-1 -17
Inding waters may be a 1001 Of 1702			
			£ 50
B. If amending the registered agent and registered agent and/or the new registered of		ress on our records, ente	er the name of the new
Name of New Registered Agent:			
New Registered Office Address:	17579 SW 54TH ST		
	E	nter Florida street address	
	MIRAMAR	, Florida	33029
	Citv		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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	Name	Address	Type of Action
			Մ ۸մժ
			D Remove
			□ Change
			L Add
			Remove
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f amending any other informa	tion, enter change(s) here: (Attach	additional sheets,	if necessary.)	
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ective date, if other than the di effective date is listed, the date must te: If the date inserted in this bloc ument's effective date on the Dep	he specific and cannot be ok does not meet the ap	pplicable statutor	ng or more than 90 day	(optional) s after filing) Pursi is, this date will n	pant to 605.020 not be listed a
record specifies a delayed he 90th day after the reco	effective date, but rd is filed.	t not an effec	tive time, at 12:	01 a.m. on th	ne earlier o
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CHOTHANI, POORVI					
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