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SECRETARY OF STATE
TALL AHASSEE. FL

## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor							
	A LIEBERMAN REVAH OSH	INSKY, PLLC					
SUBJECT:	Name of Limi	ted Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.					
Please return all correspo	ndence concerning this matter	to the following:					
	Morgan Edelboim						
		Name of Person					
	EDELBOIM LIEBERMAN	N REVAH OSHINSKY, PLLC					
Firm/Company							
	20200 W Dixie Hwy, Suite	905	T/ T/SELC	2021			
		Address		2021 JUL 2	Ŧi.		
	Aventura, FL 33180		AHA AHA	·	F		
	tiffany@accountingtoscale.c		SEE.	,			
For further information c	E-mail address; () oncerning this matter, please ca	to be used for future annual report not	dication)	0			
Morgan Edelboim		305 768-9909 at()					
Name o	f Person	Area Code Daytin	ne Telephone Number				
Enclosed is a check for the	ne following amount:						
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified C	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Registration 1 Division of C	Section	<u>Street Address:</u> Registration Sc Division of Co					
P.O. Box 632		The Centre of					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## EDELBOIM LIEBERMAN REVAH OSHINSKY, PLLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	City		Zip Code
	Aventura	Florida <sup>33180</sup>	
	Enter	Florida street address	
New Registered Office Address:	20200 W Dixie Hwy, Suite 90	5	
Name of New Registered Agent:	Morgan Edelboim		<del></del>
B. If amending the registered agent and/or agent and/or the new registered office addre		ir records, <u>enter the name o</u>	f the new registered
(Mailing address MAY BE A POST OFFICE	<u></u>		
Enter new mailing address, if applicable:		E C	2:01
(Principal office address MUST BE A STREE	ET ADDRESS)	S	<u> </u>
Enter new principal offices address, if appli	<del></del>	22	2
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the inflection	via 🔐 "L.L.C." 💮 🤚
Edelboim Lieberman Revah PLLC		<u>~</u>	20
A. If amending name, enter the new name of	of the limited liability company	<u>v here</u> :	
This amendment is submitted to amend the fol	lowing:		
Florida document number L17000243457			
The Articles of Organization for this Limited I	liability Company were filed on	11/28/2017	_ and assigned

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>	<u>Address</u>	Type of Action
MGR	Jeffrey M Oshinsky	20200 W Dixie Hwy, Suite 905	□Add
		Aventura, FL 33180	■Remove
			Change
			□∧dd
			SECRETARY SECRETARY
			PH 23 01
			□Remove
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ite: If t	date, if other to we date is listed, the he date inserted is effective date	in this block do	ectic and canno ses not meet th	ot be prior to de he applicable	ue at filing or r	ware than 00 day	( <b>optional</b> is after filing ts. this dat		uant to 60 10t be li	05.0207 sted as
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Filing Fee: \$25.00