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SECRETARY OF STATE
TALLAHASSEE, FL

## **COVER LETTER**

TO:

Registration Section

Divi	ision of Cor	porations		
SUBJECT.	Nowakows	ki Law PLLC		
SUBJECT:		Name of Lin	nited Liability Company	<del></del>
The analogue	Articles of	Amandment and frace) are cut	unisted for filing	
			•	
Please return	all correspo	endence concerning this matter	to the following:	
		Anjali Nowakowski		
			Name of Person	
	Name of Person    Nowakowski Law PLLC			
		657 Airmont Ave		
			Address	·
		Altamonte Springs, FL 32	714	
		Name of Limited Liability Company  To of Amendment and fee(s) are submitted for filing.  Sepondence concerning this matter to the following:  Anjali Nowakowski  Name of Person  Nowakowski Law PLLC  Firm Company  657 Airmont Ave  Address  Altamonte Springs, FL 32714  City/State and Zip Code anjalinowakowski@gmail.com  E-mail address: (to be used for future annual report notification)  on concerning this matter, please call:  1212  3204890  Area Code  Daytime Telephone Number  or the following amount:  1212  330.00 Filing Fee & Certificate of Status  Certified Copy (radditional copy is enclosed)  Fees:  Street Address:  Registration Section  F Corporations  Street Address:  Registration Section  Division of Corporations		
	Name of Limited Liability Company  losed Articles of Amendment and fee(s) are submitted for filing.  eturn all correspondence concerning this matter to the following:  Anjali Nowakowski  Name of Person  Nowakowski 1.aw PLLC  Firm/Company  657 Airmont Ave  Address  Altamonte Springs, FL 32714  City/State and Zip Code anjalinowakowski@gmail.com  E-mail address: (to be used for future annual report notification)  ser information concerning this matter, please call:  Sowakowski  Name of Person  Area Code  Daytime Telephone Number  Lis a check for the following amount:  800 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailling Address:  Registration Section  Division of Corporations			
		E-mail address: (	to be used for future annual report n	otification)
For further in	BIECT:    Name of Limited Liability Company			
Anjali Nowa	Anjali Nowakowski  Name of Person  Nowakowski Law PLLC  Firm/Company  657 Airmont Ave  Address  Altamonte Springs. FL 32714  City/State and Zip Code anjalinowakowski@gnail.com  E-mail address: (to be used for future annual report notification) information concerning this matter, please call: wakowski  1212 9204890  Area Code  Name of Person  Tarea Code  Daytime Telephone Number  a check for the following amount: Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)			
Name of Person		Area Code Dayt	ime Telephone Number	
Enclosed is a	check for th	e following amount:		
<b>≡</b> \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy
Reg	sistration S	Section	Registration S	
		-		
Tall	lahassee, I	L 32314	2415 N. Mont	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nowakowski Law PLLC					
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)				
he Articles of Organization for this Limited Liability Company were filed on January 8, 2018			and assigned		
lorida document number L18000006997					
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
Jncommon Counsel PLLC					
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	or the abbrevia	tion "L.	L.C."	
Enter new principal offices address, if applicable:		<u> </u>	202		
Principal office address MUST BE A STREET ADDRESS)		A-CR	<u></u>	فبالدي	
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Enter new mailing address, if applicable:		45 5.	A		
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Mailing address MAY BE A POST OFFICE BOX)	<del></del>		5		
		<u> </u>			
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, <u>enter th</u>	e name of t	he nev	regisi	
V 10.7 10.7 11					
New Registered Office Address:	Enter Florida street address				
	, Flori	ida			
	City		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

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

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ective date, if other than the effective date is listed, the date mu	ist be specific and cannot be	prior to date of filing	or more than 90 days a	otional) fler filing.) Purs	suant to 60:	5,020
te: If the date inserted in this becoment's effective date on the I	block does not meet the a Department of State's re-	ipplicable statutory	filing requirements.	this date will	not be list	ted a:
record specifies a delaye	d effective date, bu	it not an effectiv	ve time. at 12:0	1 a.m. on t	he earli	ier o
he 90th day after the red	cord is filed.		, , , , , , , , , , , , , , , , , , , ,			
Into 9	2021					
ed July 9		·				
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WOR.	Signature of a member o	r authorized represent	ative of a member			