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COVER LETTER

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SHDIECT.	ADAM LE	GAL, LLC		ھ.	**6
SUBJECT:		Name of Lin	nited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub-	unitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		ADAM ZHAMUKHANO	v		
			Name of Person		
		ADAM LEGAL, LLC			
		-	Firm/Company		
		2326 S. CONGRESS AVI	ENUE., SUITE 2D		
		-	Address		
		PALM SPRINGS, FLORI	DA 33406		
		ADAM@ADAMZLEGAL	City/State and Zip Code .COM		
		E-mail address: (to be used for future annual report no	otification)	
For further in	formation c	oncerning this matter, please c	all:		
ADAM ZHA	MUKHAN	ov	386 627-0746		2019 N
	Name o	f Person		ime Telephone Number	H 11.
Enclosed is a	check for th	he following amount:			E E
₽ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Cortificate of Cortificate Copy radditional copy r	Siatu 🔀
	Registr Divisio P.O. Bo	ING ADDRESS: cation Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	oorations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADAM LEGAL, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/23/2018}{2}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ADAM LEGAL, PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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 = M $AMBR = A$	anager uthorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			☐ Remove	
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	the date must be specif d in this block does	fic and cannot be pric not meet the appli	or to date of filing or a cable statutory fili		onal) r filing) Pursuant to 605,020 s date will not be listed :
e record specifies a The 90th day after			ot an effective	time, at 12:01 a	a.m. on the earlier
November 14		2019			
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Typed or printed name of signee

Filing Fee: \$25.00