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## **COVER LETTER**

TO:

Registration Section

THE LOSS RECOVERY LAW GROUP PL				
Name of Lan	ited Liability Company			
Amendment and fee(s) are sub	omitted for filing.			
JERRY P. SARESKY, ES	Q.			
	Name of Person			
DOROT BENSIMON, PL				
	Firm/Company	<del></del>		
20295 NE 29TH PL STE :	201			
	Address			
AVENTURA, FL 33180				
	City/State and Zip Code	<del></del>		
=		<del></del>		
	·	meation)		
2				
f Person	Area Code Daytin	ne Telephone Number		
ne following amount:				
☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>s:</u> Section orporations	Street Address:  Registration Se  Division of Cor			
	The Centre of 1			
	Amendment and feets) are sub- ndence concerning this matter  JERRY P. SARESKY, ES  DOROT BENSIMON, PL  20295 NE 29TH PL STE  AVENTURA, FL 33180  CORPORATE@DORBEN  E-mail address: ( oncerning this matter, please c  f Person  the following amount:  S30,00 Filing Fee & Certificate of Status	Amendment and feets) are submitted for filing.  Indence concerning this matter to the following:    JERRY P. SARESKY, ESQ.		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE LOSS RECOVERY LAW GROUP PL

1 22 14 61 32

( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Cor	mpany were filed on $\frac{0.3/2.3/2018}{}$	and assigned
Florida document number 1.18000075855		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u>SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		•
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		la
	City	Zij) 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MRG	DATAN Z. DOROT	20295 NE 29TH PL STE 201	<b>=</b> Add
		AVENTURA, FL 33180	
			□Change
MGR DANIEL BENSIMON	DANIEL BENSIMON	2000 GLADES ROAD, SUITE 312	■Add
		BOCA RATON, FL 33431	□Remove
		□ Change	
MGR DOROT LAW, PA	DOROT LAW, PA	20295 NE 29TH PL STE 201	🗆 Add
		AVENTURA, FL 33180	■Remove
		□Change	
MGR BENSIMON LAW, PA	BENSIMON LAW, PA	2000 GLADES ROAD, SUITE 312	🗆 Add
		BOCA RATON, FL 33431	■Remove
			□Change
		<del></del>	
		□Remove	
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an eff l <mark>ote:</mark>	ve date, if other than the date of filing:
recon Lis fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated.	MAY 28 2020
	Maria
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00