118000099690

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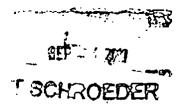
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ALL SUPPRISONS



COVER LETTER

TO:	Registration So Division of Cor			
		ER & BLOOMFIELD, LLC		
SUBJE	CT:	Name of Lim	ited Luability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		AUDREY GAFFNEY		
			Name of Person	
			Firm/Company	
		119 ASBURY WAY		
		BOYNTON BEACH, FL.	Address 334269	
		AUDREY.GAFFNEY@GN	City/State and Zip Code IAIL.COM	
		E-mail address: (to be used for future annual repo	ort notification)
For furt	her information c	oncerning this matter, please co	dl:	
AUDREY GAFFNEY		248 830-6 ⁻		
	Name o	of Person	Area Code I	Daytime Telephone Number
Enclose	d is a check for t	he following amount:		
₩ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclose	d) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	Registration Division of C Clifton Build	Corporations

Tallahassee, FL 32301

ARTICLES OF AMERICAN

TO ARTICLES OF ORGANIZATION OF

ROCHESTER & BLOOMFIELD, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our records, mited Liability Company))
The Articles of Organization for this Limited Liability Con Florida document number $\frac{1.18000099690}{1.18000099690}$.	npany were filed on 04/20/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
AUDREY GAFFNEY, PLLC		
The new name must be distinguishable and contain the words "Limited	Hability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRES	5.3/	第二
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3 AH 8: 27
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	City	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 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 i 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 address of reach person being address of reac

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u></u>			
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ffective date, if other than the an effective date is listed, the date must	he specific and cannot b	e prior to date of	tiling or mor	e than 90 days a	ptional) after filing.) Pur	suant to	605,02
Solution of the date inserted in this blo ocument's effective date on the De	ick does not meet the	applicable stati	nory filing	requirements.	this date will	not be	listed a
ocument's effective date on the tre	partition of the ore						
e record specifies a delayed	effective date, b	ut not an eff	ective tin	ne, at 12:0	1 a.m. on	the ea	arlier
The 90th day after the reco	ord is filed.						
26TH AUGUST	2019						
Pated		·					
(Cela	ley (Soft	UNA_					-
	Signature of a member of	r authorized rep	resentative o	f a member			
Alika	(40-4000	′ 1					

Page 3 of 3

Filing Fee: \$25.00