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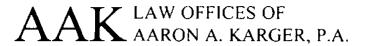
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OCT 27 2020



16211 NE 18* Avenue, Suite 200, North Miami Beach, FL 33162 **O; (305) 957-8911 †F; (305) 602-9357

1 Ne 2[∞] Avenue, Suite 200, Miami, FL 33132 O: (305) 577-7772 | F: (305) 602-9357

Please respond to: aaron@aak-law.com

September 3, 2020

VIA USPS; Tracking # 9400 1118 9956 4893 6972 76

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Division of Corporations,

Enclosed please find the forms to amend the Articles of Organization of a Florida Limited Liability Company along with the requisite Filing Fee in the amount of \$25.00. Please contact my office should you have any questions.

Aaron A. Karger, Esq.

AAK/dpc

Sincerely,

COVER LETTER

	Name of Lim	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
lease return all correspondence	ondence concerning this matter	to the following:	
	Julian Stroleny		
		Name of Person	
	Flagler Personal Injury Gr	oup, LLC	
		Firm/Company	
	1 NE 2nd Avenue, Suite 2	00	
		Address	
	Miami, FL 33132		
		City/State and Zip Code	······
	Julian@strolenylaw.com		
	E-mail address; (to be used for future annual report not	ification)
or further information of	concerning this matter, please of	all:	
ulian Stroleny		305 301-3101	
Name (of Person	at ()	ne Telephone Number
nclosed 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 enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Flagler Personal Injury Group, LLC

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on ou ability Company)	<u>ir reçords.</u>)
The Articles of Organization for this Limited Liability Company vilorida document number <u>L18000131326</u>	were filed on May 25,	2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designat	ion "LLC" or the abbreviation "L.L.C."
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 a agent and/or the new registered office address here:	ddress on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my d provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
Mgr	Christopher Pagan	11455 SW 109 Road, Apt. D	
		Miami, FL 33176	≣Rетю∨е
Mgr	Aaron Karger	244 Biscayne Blvd. Apt 1709	
		Miami, FL 33132	□Remove
			(Change
			[]Add
			Remove
			[]Change
			(□Add
			[]Remove
			DAdd
			□Remove
			[]Change
			DAdd
			□Remove
			[]Change

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Signature of a member or authorized representative of a member		
	Dated _	Augst 25h 2020
Indian Strology		Signature of a member or authorized representative of a member

Filing Fee: \$25.00

RESIGNATION OF MANAGER FROM FLORIDA LIMITED LIABILITY COMPANY

- 1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Flagler Personal Injury Group, LLC.
- 2. This limited liability company was organized under the laws of Florida.
- 3. The Florida document/registration number of this limited liability company is: L18000131326.
- 4. 1, Christopher Pagan, hereby resign as a Manager of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
- 5. I further represent that pursuant to the Flagler Personal Injury Group, LLC Ownership Interest Purchase Agreement executed on Aug 19, 2020, that I have no rights, claims, demands or interests in or against this limited liability company or any of its members. I have no interests, legal or equitable, whatsoever, in the affairs of this limited liability company.
- 6. I understand that others may, and are entitled to, rely upon my statements made in this resignation.

Christopher Pagan

Date: Aug 19, 2020