## 118000146033

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## **COVER LETTER**

	gistration Sect ision of Corpo			
		EWEES, PLLC		
SUBJECT:		Name of Limite	ed Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return	n all correspond	dence concerning this matter to	the following:	
		SYDNI KATZ		
			Name of Person	<del></del>
		MCCLAIN DEWEES, PLL	С	
			Firm/Company	
	7700 CONGRESS AVENUE STE 3108			
			Address	
		BOCA RATON, FL 33487		
			City/State and Zip Code	<del></del>
		skatz@mcclaindeweesfl.com		<del></del>
		E-mail address: (to	be used for future annual report notif	ication)
For further	information co	ncerning this matter, please ca	11:	
SYDNI KA	ATZ		561 717-4035 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for the	following amount:		
□ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JAN -3 PH 4:59

MCCLAIN DEWEES, PLLC

(Name of the Limited Liability Company as it now appears on our records): [A. Florida Limited Liability Company]

(A Florida Elmik	ed Liability Company)	2711
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>06/14/2018</u>	and assigned
Florida document number L18000146033		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
MCCLAIN LAW GROUP, PLLC		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation	n "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:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic	e address on our records,	enter the name of the new registe
agent and/or the new registered office address here:		
W (2) 6 1 1 1 1		
Name of New Registered Agent:		
New Registered Office Address:		<del></del>
	Enter Florida street	address
		Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>	

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this bl	st be specific and cannot be pric	icable statutory filing requ		
document 3 effective date on the D				
e record specifies a delayed effective is filed.	re date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day a	ifter the
e record specifies a delayed effectiv rd is filed.  December 28th	2021		earlier of: (b) The 90th day a	ofter the
e record specifies a delayed effectiv rd is filed.  December 28th		· ·		ofter the

Filing Fee: \$25.00