Florida Department of State

Division of Corporations
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To:		SEP	
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	Fax Number : (850)617-6383	5	
From:		₽	
	Account Name : KRAVITZ TALAMO & LEYTON, PLLC	AM 10:	
	Account Number : I20150000096	ö	:
	Phone : (305)558-5300	_	
	Fax Number : (305)557-1934	~	:
**Enter	the email address for this business entity to be used for future	SEP 1 6 2	202
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DIEGO MACHADO, PLLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Diego Machado, PLLC		23
(Same of the Limited Liability Compa (A Florida Limited I	ny as it now annears on our records.) Liability Company)	SEP
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000175005</u>	were filed on 7/20/2018	EP LSd AM IO: 1
This amendment is submitted to amend the following:		AM IO: 17
A. If amending name, enter the new name of the limited ligh	llity company here:	
Law Office of Diego Machado, PLLC		
The new name must be distinguishable and contain the words "Limited Linbil	ity Company," the designation "LLC" or	the abbreviation "L.I.,C."
Enter new principal offices address, if applicable:	·	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Malling uddress 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 records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	Ciţv	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and 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	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
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