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## **COVER LETTER**

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STO TRAM	GUERRER	O LAW GROUP, PLLC		
SUBJEA, I	·	Name of Lim	ited Liability Company	<del></del>
The enclos	sed Articles of	Amendment and fee(s) are sub	unitted for filing.	
			-	
		Stephen Guerrero		
			Name of Person	
		Stephen Guerrero  Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  Stephen Guerrero  Name of Person  Guerrero Law Group PPLC  Firm/Company  6625 Miami Lakes DR Suite 310  Address  Miami Lakes, FL 33014  Gity/State and Zip Code  squerrero@theguerrerolaw.com  E-mail address: (to be used for future annual report notification)  formation concerning this matter, please call:  at (		
		<del></del>	Firm/Company	
		6625 Miami Lakes DR Sui	te 310	
			Address	
		Miami Lakes, FL 33014		
			•	
				ification)
For further	information e		,	
Stephen G			954 410-4338	
•	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed i	s a check for th	ne following amount:		
■ \$25.00	) Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	lailing Addres			
	_			
	.O. Box 632		The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GUERRERO LAW GROUP, PLLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.18000207412}{2}$ .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	nility company here:	
The new name must be disfinguishable and contain the words "Limited Liab	-	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	<u></u>
(Principal office address MUST BE A STREET ADDRESS)	Miami Lakes, FL 33014	<u>≃</u>
		65
	mailing address, if applicable:    Miami Lakes, FL 33014	
Enter new mailing address, if applicable:	6625 Miami Lakes DR Suite 310	P.
(Mailing address MAY BE A POST OFFICE BON)	Miami Lakes, FL 33014	S S
Name of New Registered Agent:	audress on our records, enter the r	athe of the new registere
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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 being filed to merely reflect a change in the registered office company has been notified in writing of this change.	vee to act in this capacity. I further performance of my duties, and I a provided for in Chapter 605, F.S.	m familiar with and Or, if this document is
If Cha	nging 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
		240 SW 8th Ave	
		Miami, FL 33130	Remove
		6625 Miami Lakes DR Suite 310	<b>=</b> Add
		Miami Lakes, FL 33014	Remove
			□ Change
			CRemove.
			□ Change □ Signature Sign
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fective date, if other than the in effective date is listed, the date mus	date of filing:		(optional)	
<u>ote:</u> If the date inserted in this bl	ock does not meet the applie.	able statutory filing req	uirements, this date will r	iot be listed a
cument's effective date on the D	epartment of State's records.			
		. 12.01	P. C. I	
ecord specifies a delayed effectiv is filed.	e date, but not an effective ti	me, at 12:01 a,m. on the	e earlier of: (b) The 90th	i day after the
ned August 9th  Stophen Gu	2023			
Starker A.	······································	<u> </u>		
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Filing Fee: \$25.00