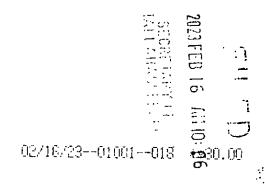
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PECIAL STRUCT	TONS:			

### **COVER LETTER**

	GESTEN MCDONALD PLLC					
Articles of	Name of Lim	nited Liability Company				
Articles of		SUBJECT:Name of Limited Liability Company				
	Amendment and fee(s) are sub	omitted for filing.				
all correspo		-				
	ELIZABETH M. FERNA	NDEZ, ESQ.				
		Name of Person				
	GONZALEZ, SHENKMA	AN & BUCKSTEIN, P.L.				
		Firm/Company	<del></del>			
	110 PROFESSIONAL WA	AY				
		Address				
	WELLINGTON, FL 3341	4				
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
	dgeorge@4-justice.com					
formation c		•	ification)			
M. FERN	ANDEZ, ESQ.	561 227-1575				
Name o	f Person		ne Telephone Number			
check for th	ne following amount:					
ling 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 of Certified Copy (additional copy is enclosed			
Mailing Address: Registration Section		Street Address: Registration Se	ection			
Division of Corporations		Division of Corporations				
			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
	ormation c  M. FERN.  Name of the check for the ling Fee the line line line line line line line lin	GONZALEZ, SHENKMA  110 PROFESSIONAL WA  WELLINGTON, FL 3341  dgeorge@4-justice.com  E-mail address: (ormation concerning this matter, please of M. FERNANDEZ, ESQ.  Name of Person  Check for the following amount:  ling Fee \$30.00 Filing Fee & Certificate of Status  mg Address: stration Section	GONZALEZ, SHENKMAN & BUCKSTEIN, P.L.  Firm/Company  110 PROFESSIONAL WAY  Address  WELLINGTON, FL 33414  City/State and Zip Code  dgeorge@4-justice.com  E-mail address: (to be used for future annual report not  formation concerning this matter, please call:  M. FERNANDEZ, ESQ.  Name of Person  Area Code  Daytin  check for the following amount:  ting Fee  \$30.00 Filing Fee & Certified Copy (additional copy is enclosed)  The Centre of			

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GEORGE GESTEN MCDONALD PLLC

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

The Articles of Organization for this Limited Liability Comp	any were filed on 09/10/2018	and assigned
Florida document number 118000214723		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
GEORGE FELDMAN McDONALD, PLLC		
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	0	
		····
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered off	ice address on our records, <u>enter th</u>	e name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<del></del>
	, Flori	da

#### 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 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 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>	Name	<u>Address</u>	Type of Action
AMBR RYAN D. GESTEN, P.A.	9897 Lake Worth Road, Suite 302	□ Add	
	Lake Worth, FL 33467	≅Remove	
			□Change
			□ Remove
			Change
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. Effectiv	e date, if other than the date of filing:(optional)
(If an effer Note: I	the date, if other than the date of filing:
cord is file	
Dated _	Signature of a member or authorized representative of a member
	Day 5) 8 2010 x 2
	Signature of a member or authorized representative of a member
	DAVID J. GEORGE, P.A., by DAVID J. GEORGE, Director
	Typed or printed name of signee

Filing Fee: \$25.00