Division of Corporations



→ 18506176383

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To:

Division of Corporations

Fax Number : (850)617-6383

Estimated Charge

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

\$25.00

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

2 Email Address:___ Ӛ ... LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RAFELSON SCHICK PLLC Certificate of Status 0 Certified Copy 0 Page Count

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rafelson Schick PLLC		<u></u> !
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
he Articles of Organization for this Limited Liability C	ompany were filed on 09/25/2018	and assigned
orida document number L18000228039		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ited liability company here:	
tafelson Law PLLC		
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
• •		
<u>Principal office address MUST BE A STREET ADDR</u>	<u>(ESS)</u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered gent and/or the new registered office address here: 	d office address on our records, <u>enter the</u>	name of the new regist
		· — —
Name of New Desistered Assets		- B T
Name of New Registered Agent:		ω
New Registered Office Address:		
	Emer Florida street address	7 7 7
	, Floric	la
, many 1-1-1	City	Zip' Code

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>	<u>Name</u>	Address	Type of Action
<u>-</u>			
		□ Remove	
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<u></u>				B. F.
		<u> </u>		
				
fective date, if other than the in effective date is listed, the date must be: If the date inserted in this blocument's effective date on the D	ock does not meet the ap	plicable statutory fil	(option more than 90 days after fil ing requirements, this d	al) ling.) Pursuant to 605.020 ate will not be listed a
ecord specifies a delayed effectiv is filed.	e date, but not an effectiv	re time, at 12:01 a.m	n. on the earlier of: (b)	The 90th day after th
February 3	2022	·		
	Signature of a member or			
		 		