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COVER LETTER

TO:

Registration Section
, Division of Corporations

Tallahassee, FL 32314

SUBJECT:	. THE CARRI	ON FIRM, PLLC	•	
		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Dennis Carrion, Esq.			
		Name of Person		
	Firm/Company			
	228 Park Ave. S., #23112 Address			
	New York, NY 10003-1502			
	E-mail address: (City/State and Zip Code arrion@carrionfirm.com to be used for future annual report no	ntification)	
For further information co	oncerning this matter, please co	·		
Dennis Carrion Name of Person		at (<u>954</u>) <u>433-3</u> Area Code Dayti	100 me Telephone Number	
rame of		Auten Code 12Ayu	me retemone rvanoei	
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing 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 & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S		Street Address: Registration S	ection	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Carrion Firm, 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 Company were filed on September 27, 2018 and assigned 1.18000229044 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CARRION ACCIDENT & INJURY ATTORNEYS, PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address of our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 charge 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			7 □ Add
			□Remove
			□Change
			□Remove
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'ffoat	ve date, if other than the date of filing:
ian effi <u>Note:</u>	cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as lent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	AUGUST 5TH 2022
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Typed or printed name of signee