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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations					
	Brien & Morat, PLLC					
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Ronnie Bitman					
	·	Name of Person				
	Bitman O'Brien & Morat,	PLLC				
		Firm/Company				
	610 Crescent Executive Ci	., Suite 112				
		Address				
	Lake Mary, FL 32746					
		City/State and Zip Code				
	rbitman@bitman-law.com					
	E-mail address: (to be used for future annual report noti	fication)			
For further information c	oncerning this matter, please ca	all:				
Ronnie Bitman		407 815-3110 at ()				
Name of Person		Area Code Daytim	ne Telephone Number			
Enclosed is a check for the	ne 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 Sc	ction			
Division of C		Division of Cor				
P.O. Box 632	.7	The Centre of T	Fallahassee			

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 SEP -3 AMII: 26

Bitman O'Brien & Morat, 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 $\frac{10/24/2018}{2}$ Florida document number $\frac{1.18000250420}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bitman O'Brien PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 610 Crescent Executive Ct., Suite 112 Enter new principal offices address, if applicable: Lake Mary, FL 32746 (Principal office address MUST BE A STREET ADDRESS) 610 Crescent Executive Ct., Suite 112 Enter new mailing address, if applicable: Lake Mary, FL 32746 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on 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 change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Cirv

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
			□Add
			□Remove
			□Change
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Effective date, if other than the	e date of fili	ing:		((ptional)		
(If an effective date is listed, the date mu Note: If the date inserted in this b	lock does no	t meet the applic	able statutory fil	more than 90 days ing requirements	after filing.) Purs , this date will	uant to 605. not be liste	.0207 (3)(ed as the
document's effective date on the D	Department o	f State's records.					
he record specifies a delayed effective ord is filed.	ve date, but n	oot an effective ti	me, at 12:01 a.n	i. on the earlier o	f: (b) The 90t	h day after	r the
Dated August 28		2024	·				
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Typed or printed name of signee