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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Divisio	n of Corpor	rations		
SUBJECT:		ABETH PANKEY WARRI	EN, PLLC	
SOBJECT		Name of Limi	ted Liability Company	
The enclosed Ar	ticles of Am	endment and fee(s) are sub-	nitted for filing.	
Please return all	corresponde	nce concerning this matter	to the following:	
		P. Todd Kennedy, Es	5 q .	
			Name of Person	
		Kennedy & Kennedy	, P.L.	
			Firm/Company	
		14 Southeast 4th Stre	eet, Ste 36	
			Address	
		Boca Raton, FL 334	432	
			City/State and Zip Code	
	_	cbw@lawlessedward	dswarren.com to be used for future annual report notifi	estion
For further infor	mation conc	erning this matter, please ca		cuiton,
	dd Kennedy		561 683-2484	
	Name of Pe	rson	at () Area Code Daytime	Telephone Number
Enclosed is a ch	eck for the f	ollowing amount:		
		□ \$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)
	Registratio	G ADDRESS: on Section f Corporations	STREET/COURIE Registration Section Division of Corpora	1

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELIZABETH PANKEY WARREN, 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 and assigned Florida document number __L18000261512 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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) 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR =	Manager			
AMBR =	Authorized	Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
	***		□ Add
			□ Remove
			Change
			☐ Remove
			Change
			Remove
			Change
			Remove
			Change
			□ Remove
			☐ Change

Article III:	The purpose of	f this limited lic	ability compar	ny is psychoth	erapy service	25.		
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If the date it	other than the isted, the date mus iserted in this bl re date on the D	ock does not m	ieet the applic	able statutory	or more than filing requir	(option 90 days after til ements, this d	al) ing.) Pursuar ate will not	nt to 605. be liste
ord specif 90th day	ies a delayed after the rec	ord is filed.			ve time, a	t 12:01 a.r	m. on the	earlie
·		20	2018	<u>3</u> .				
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Filing Fee: \$25.00