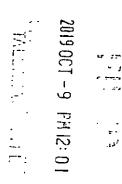
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COVER LETTER

SUBJECT:	PEARSON	IRREVOCABLE TRUST, LLC						
SUBJECT.		Name of Limite	ed Liability Company					
The enclosed	l Articles of a	Amendment and fee(s) are subm	itted for filing.					
Please return	all correspon	ndence concerning this matter to	the following:					
		Sandra T. Lynn, Esq.						
			Name of Person					
		Turner & Lynn, P.A.						
			Firm/Company					
		7 Barracuda Lane						
		Address						
		Key Largo, Florida 33037						
		sturnerlynn@gmail.com	City/State and Zip Code					
		E-mail address: (to	be used for future annual report not	ification)				
For further in	nformation co	oncerning this matter, please call	l:					
Roger M Po	merance		561 998-8047					
	Name of	f Person	Area Code Daytin	ne Telephone Number				
Enclosed is a	a check for th	ne following amount:						
□ \$25.00 F	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 ADDRESS:

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEARSON IRREVOCABLE TRUST, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000069867	y were filed on <u>03/12/2019</u>	and assigned
This amendment is submitted to amend the following:		
This afficient is shortlitted to afficile the following.		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		7019
		E: 8
		1
Enter new mailing address, if applicable:		9
Mailing address MAY BE A POST OFFICE BOX)		=
maning dadress may be a rost of rice boxy		
		<u> </u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Day Blands and D	
	Enter Floruda street address	
	, Florid	
	Cin	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 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>	Name	<u>Address</u>	Type of Action
AMBR	FEC Services, LLC. a Florida limited liability company	1900 NW CORPORATE BLVD	□ Add
		STE 201E	
			Remove
		BOCA RATON, FL 33431	☐ Change
AMBR	PEARSON OCEAN REEF IRREV TRUST U/D/D 8/13/2000	99 BELMONT AVENUE	■ Add
		LOWELL, MA 01852	Remove
			Change
			Add
			Remove
			Change
			Remove
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			Remove
			Change
			□ Add
			Remove
			☐ Change

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(If an effe <u>Note:</u>	ve date, if oth ective date is listed If the date inser- ent's effective d	d, the date must b ted in this bloc	e specific and k does not r	l cannot be p	plicable stati		e than 90 days		
	ord specifies 90th day aft				not an ef	fective tin	ne, at 12:0)1 a.m. on t	he earlier of
Dated _.	October 1		0	, 2019	·				
		رسه ا	15		ο.				
		Jan Si	ghature of a	member or a	uthorized rep	resentative of	a member		

Page 3 of 3

Filing Fee: \$25.00