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JUN 10 2019



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MINOTT GORE, P.A.

Account Number : Fax Number Phone (305)290-4199 (305)913-1333 120100000050

To:

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

Email Address: admin@minottgore.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE NORFUS FIRM PLLC

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6/7/19, 9/52 AM

06/07/2019 10:01 AM

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Electronic Filing Menu

Fax: (850) 617-6383

Page: 2 of 8

Corporate Filing Menu

6/7/19, 9:52 AM

From: FlatFeeTrademark.com Fax: 18007697790

Ta:

COVER LETTER

| | legistration Sec Division of Corp | | | | | |
|-------------|--------------------------------------|---|---|---------------------------------------|--|----------|
| enn nec | The Norfus | Firm PLLC | | | | |
| SUBJECT | ı: <u>—</u> | Name of Lin | iited Liabihty Company | · · · · · · · · · · · · · · · · · · · | | |
| The enclos | sed Articles of a | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please rett | ım all correspoi | ndence concerning this matter | to the following: | | | |
| | | Serena Minott | | | | |
| | | | Name of Person | | _ | |
| | | Minott Gore, P.A. | | | 201 | |
| | | 1° - 144° - 1 - 1 - 1 - 1 | Pirm/Company | | -15 25 26 | |
| | | 201 S. Biscayne Blvd. Suite 2800 | | | 2019 JUN - 7 | <u> </u> |
| | | | Address | • | | - igi |
| | | Miami, FL 33131 | | | MH11: 3 | |
| | | _ | City/State and Zip Code | | $ \stackrel{\cdot}{=}$ $\stackrel{\cdot}{=}$ $\stackrel{\cdot}{=}$ | |
| | | admin@minottgore com | | | | |
| | | E-mail address: (| to be used for future annual rep- | off notification) | | |
| For further | r information co | oncerning this matter, please o | all; | | | |
| Serena M | inott | | 305 913-1 | | | |
| | Name of | Person | Area Code | Daytime Telephone Numbe | er | |
| Enclosed i | s a check for th | e following amount: | | | | |
| □ \$25.0x | (Filing Fee | □ \$30 00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclose | d) Certifie | ate of Status & | |

MAILING ADDRESS:

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

From: FlatFeeTrademark.com Fax: 18007697790

Fax: (850) 617-6383

To.

Page: 6 at 8

06/07/2019 10:01 AM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| The Norfus Firm PLLC | | |
|--|---|---------------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our rec liability Company) | cords.) |
| The Articles of Organization for this Limited Liability Company | were filed on 3/27/19 | and assigned |
| Florida document number <u>*1.19000080798</u> . | | |
| This amendment is submitted to amend the following: | | 201 |
| A. If amending name, <u>enter the new name of the limited liab</u> | ility company here: | 2019 JUH - |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation " | LLC" or the abbreviation—II L.C." |
| Enter new principal offices address, if applicable: | 230 NE 4th Street | |
| (Principal office address MUST BE A STREET ADDRESS) | Unit 2411 | |
| | Miami, FI. 33132 | 3 |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | ords, <u>enter the name of the ne</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street aa | idress |
| | | . Florida |
| | Сиу | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agr | | |

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

| or removed | g Authorized Person(s) authorized to n <u>I from our records</u> : | ianage, enter the title, name, ai | id address of each person being add |
|---------------------|---|-----------------------------------|-------------------------------------|
| MGR = N AMBR = A | Janager Authorized Member | | |
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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