Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TEIN & PARTNERS, PLLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	11.100.0	· · · · · · · · · · · · · · · · · · ·
(Name of the Limite	d Liability Company as it now appears on our records. A Florida Limited Liability Company)	J
The Articles of Organization for this Limited Lia	ability Company were filed on 04/18/2019	andassigned
Florida document number L19000100094		· 3
This amendment is submitted to amend the follow	wing:	2 :
A. If amending name, enter the new name of	the limited liability company here:	7 %
Tein Malone PLLC		5 53
he new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC"	or the abbreviation "LSEC."
Enter new principal offices address, if applica	ible:	· .
Principal office address MUST BE A STREET		
		-
Enter new mailing address, if applicable:		
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5,	30X)	
Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/o	or registered office address on our records,	enter the name of the ne
Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/o	or registered office address on our records,	enter the name of the ne
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Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/o	or registered office address on our records,	enter the name of the ne
Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or the new registered off	or registered office address on our records,	enter the name of the ne
Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/oregistered agent and/or the new registered off Name of New Registered Agent:	or registered office address on our records,	
registered agent and/or the new registered off Name of New Registered Agent:	or registered office address on our records, fice address here:	

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 = M $AMBR = A$	ianager uthorized Member	1ember	
Title	Name	Address	Type of Action
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record specifies a delay	ed effective date, but no	t an effective time, at 12:	01 a.m. on the earlier
he 90th day after the re	ecord is filed.		
April 29	2019		
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Mas	7/1/5		
	Signature of a member or author	onzed representative of a member	

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