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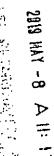
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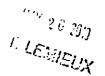


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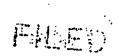
COVER LETTER

TO:	Registration S Division of Co			
emm		tt Law, PLLC		
SUBJE	CI:	Name of Lin	nted Liability Company	
The enc	dosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Mark C. Elliott		
			Name of Person Ott Law Firm/Company inge Ave - Suite 2300 Address F1, 32801 City/State and Zip Code kelliottlaw.com E-mail address: (to be used for future annual report nonfication) matter, please call: 407	
		Mark Elliott Law		
			Firm/Company	
		390 N Orange Ave - Suite	2300	
			Address	
		Orlando, FL 32801		
		mark@markelliottlaw.com	City/State and Zip Code	
		E-mail address; (to be used for future annual report n	offlication)
For furtl	her information c	concerning this matter, please ea	all:	
Mark C.	. Elliott			
	Name (of Person	Area Code Dayt	ime Telephone Number
Enclosed	d is a check for t	he following amount:		
■ \$25.	.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	Registration Sec	tion porations

Tallahassee, FL 32301

MAY 20 2013 T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Mark Elliott Law, PLLC

2019 HAY -8 A 11: 17

(A Florid	a Limited Liability Company)	ALLAHAOSELA LONIGA
The Articles of Organization for this Limited Liability C	Company were filed on 4-1-2019	MALAHAGSELA LONG A
Florida document number 1.19000105940		and thought a
This amendment is submitted to amend the following:	_	
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Embility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis	stered office address on our rec	ords, enter the name of the new
registered agent and/or the new registered office add	ress here:	enter the mane with
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		. Florida
N. B. Carlotta and St. Carlotta and St. Carlotta		Zip Code
New Registered Agent's Signature, if changing Registere		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my dutic gent as provided for in Chapter 6 d office address, I hereby confiri	s, and I am familiar with and 05, F.S. Or, if this document is

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_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Mark C. Elliou	390 N Orange Ave, Suite 2300 Orlando, FL 32801	
			Remove
			Change
			D ∧dd
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Tective date, if other than the an effective date is listed, the date muote: If the date inserted in this blocument's effective date on the D	ock does not meet the app	licable statutory filing re	equirements, this date will not	nt to 605,0207 t be listed as
e record specifies a delayed The 90th day after the rec	deffective date, but rord is filed.	not an effective tim	e, at 12:01 a.m. on the	e earlier of
ated May 6	2019			
ated	·			
	Muu Signature of a member or au	Weist		

Page 3 of 3

Filing Fee: \$25.00