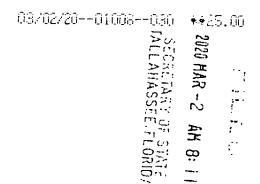
## L19000178232

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## COVÉR LETTER

	Registration Se Division of Cor			
	PSJ LAW,	PLLC		
NORTEC	T:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		PIERRE ST JEAN		
			Name of Person	
		PSJ LAW, PLLC		
			Firm/Company	
		4524 GUN CLUB ROAD,	SUITE 104	
			Address	<del></del>
		WEST PALM BEACH		
		· · · · ·	City/State and Zip Code	
		psj2050@msn.com		
			to be used for future annual report n	otification)
For furthe	er information c	oncerning this matter, please c	all:	
PIERRE :	ST JEAN		561 827-3088	
	Name o	f Person	at ()  Area Code Days	time Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee	S30.00 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: Registration Section		<u>Street Address:</u> Registration S		
Division of Corporations		Division of Corporations		
	P.O. Box 632 Fallahassee, I		The Centre of 2415 N. Mon	f Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PSJ LAW, PLLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 06-21-2019	and assigned	
Florida document number L19000178232			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
PIERRE ST. JEAN, PLLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LEC" o	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		For ~	
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	<del> </del>	MAR AHA	
		SSE 1	
Inter new mailing address, if applicable:		mirk No F	
Mailing address MAY BE A POST OFFICE BOX)		7 7 7	
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	-	7.0	
3. If amending the registered agent and/or registered office a	address on our records, enter th	e name of the new register	
gent and/or the new registered office address here:			
Name of New Registered Agent:			
Many Daniet and Office Address.			
New Registered Office Address:	Enter Florida street address		
<del></del>	, Flori	ida	
	City	zip coae	

## 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 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

Title	Name	Address	Type of Action
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			□ Change
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(ote: If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.			a day aft	er the
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Signature of a member or juthor to determine the statutory filing ocument.		) The 90tl	———	

Filing Fee: \$25.00