## L19000238665

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2020 SEP 14 AM 9: 17 SECRETARY OF STATE

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## **COVER LETTER**

TO:

Registration Section

Divi	ision of Corp	porations				
SUBJECT:	EGOAVIL I	KLUG SALAS & VELOSO	PLLC			
SOBJECT:		Name of Lin	nited Liability C	ompany		
The enclosed	Articles of A	Amendment and fee(s) are sub	bmitted for filit	ig.		
Please return	all correspor	idence concerning this matter	r to the following	ıg:		
		LALINE CONCEPCION	VELOSO			
			Name of	Person	<del>-</del>	<del></del>
		EGOAVIL SALAS & VE	LOSO PLLC			
			Firm/Co	mpany	<u> </u>	
		2525 PONCE DE LEON F	BOULEVARD	SUITE 300		
			Addr	ess		
		CORAL GABLES, FL				
			City/State an	d Zip Code		<del></del>
		LVELOSO@EKSVLEGAI				
For further int	formation co	E-mail address: ( neerning this matter, please co		ture annual repor	1 notification)	
			an.			
LALINE CO			305 at (	)		
	Name of	Person	Area	. Code Da	nytime Telepho	one Number
Enclosed is a	check for the	following amount:				
■ \$25.00 Fi	ling Fec	☐ \$30.00 Filing Fee & Certificate of Status	Certifie	Filing Fee & d Copy d copy is enclosed)		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divi P.O.	ing Address: stration Se sion of Co Box 6327 ahassee, FI	ction rporations		Street Address Registration Division of The Centre of 2415 N. Mo	Section Corporatio of Tallahas	see

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

EGOAVIL KLUG SALAS & VELOSO PLLC

2020 SEP 14 AM 9: 17

(Name of the Limited Liability Company as it now appears on our records) ETARY OF STATE TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 10/02/2019 and assigned Florida document number L19000238665 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EGOAVIL SALAS & VELOSO PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

\_\_, Florida \_\_\_\_

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	CHRISTOPHER KLUG	2525 PONCE DE LEON BOULEVARD	
		SUITE 300	<b>≣</b> Remove
		CORAL GABLES, FL 33134	
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<b>Mective date, if ot</b> an effective date is list ote: If the date insocument's effective	ted, the date must be a erted in this block	specific and cannot be does not meet the	applicable stati	filing or more than 9 story filing require	(optional) ) days after filing.) I ments, this date w	Pursuant to 605.020 ill not be listed as
record specifies a de is filed.	elayed effective da	te, but not an effec	ctive time, at 12	:01 a.m. on the ear	lier of: (b) The	90th day after the
SEPTEMBER	. 4	2020	<u>.                                    </u>			
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