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SECRETARY OF STATE
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| | Registration Sec Division of Corp | | | ٤ | |
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| eren rez | | iestra Law, PLLC | | | |
| SUBJEC | Division of Corporations Pichardo-Riestra Law, PLLC Name of Limited Liability Company | | | | |
| The encl | osed Articles of A | Amendment and fee(s) are sub | mitted for filing. | | |
| Please re | turn all correspon | ndence concerning this matter | to the following: | | |
| | | Madeline Pichardo-Riestra | ı, Esq. | | |
| | | | Name of Person | | |
| | | Pichardo-Riestra Law, PLI | LC | | |
| | | | | | |
| | | P O Box 5265 | | | |
| | | | Address | | |
| | | Ocala, FL 34478-5265 | | | |
| | | | City/State and Zip Code | | |
| | - ' | | | | |
| | | E-mail address: (| to be used for future annual report notif | ication) | |
| For furth | er information co | oncerning this matter, please co | all: | | |
| Madeline Pichardo-Riestra, Esq. | | | 352 502-1109 | | |
| | Name of | Person | Area Code Daytime | : Telephone Number | |
| Enclosed | l is a check for th | e following amount: | | | |
| \$25.0 | 00 Filing Fee | | Certified Copy | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Pichardo-Riestra Law, PLLC | | |
|--|--|------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records. Liability Company) | .) |
| he Articles of Organization for this Limited Liability Company lorida document number L19000253612 | were filed on 10/08/2019 | and assigned |
| his amendment is submitted to amend the following: | | |
| If amending name, enter the new name of the limited liab | ility company here: | |
| he new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" | or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | 1027 E. Fort King St. | 5.0 - |
| Principal office address MUST BE A STREET ADDRESS) | Ocala, Fl. 34471 | 1 |
| | | HASSS |
| nter new mailing address, if applicable: | P O Box 5265 | SKI - M |
| Mailing address MAY BE A POST OFFICE BOX) | Ocala, Fl. 34478-5265 | |
| | | |
| . If amending the registered agent and/or registered of | fice address on our records. | • |
| egistered agent and/or the new registered office address her | | |
| | | |
| Name of New Registered Agent: | , | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Flor | rida Zip Code |

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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| Effective date, if other than the date of filing: (Optional) (Optional) (Optional) (Office) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 665 0207 (After if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The 90th day after the record is filled. Dated November 18th | | | | | | | _ |
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Filing Fee: \$25.00