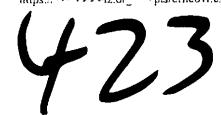
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Account Name : GARY, DYTRYCH & RYAM, P.A.

Account Number : 119990000255 : (561)844-3700 Phone : (561)844-2386 Fax Number

\*\*Enter the email address for this business entity to be used for future  $\mathtt{MOV}(0,0)$ annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KOCHER LAW GROUP, PLLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KOCHER LAW GROUP, PLLC		
(Name of the Limited Liability Cor (A Fiorida Limit	mpany as it now appears on our records. ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing document number 1.19000273423	any were filed on 11/14/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
KOCHER LAW FIRM, PLLC		
The new name must be distinguishable and contain the words "Limited L	iability Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		NOV -17
Enter new mailing address, if applicable:		p = 0 1
(Mailing address MAY BE A POST OFFICE BOX)		-0 1 1 I
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records here:	, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enser Florida street address	
		orida
	City	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

Page 1 of 3

\_□ Change

MGR = Manager

(((H19000338546 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member **Title** <u>Name</u> Address Type of Action □ Add □ Remove □ Change \_□ Add \_□ Remove Change \_\_D Add \_□ Remove \_□ Change 🗖 Add ☐ Remove \_🗆 Change □ Add 🗖 Remove □ Change \_D \\dd □ Remove

A	on, euter change(s) here: (Attach additional sheets, if necessary.)
- <del></del>	
- y any papakan shiring of the factors	
	(anti-ant)
Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	(optional) e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020's does not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
the record specifies a delayed e ) The 90th day after the record	iffective date, but not an effective time, at $12{:}01\ a.m.$ on the earlier od is filed.
Dated NOVEMBER 19	2019
1 10	gnature of a member or authorized representative of a member
Sig	gnature of a member or authorized representative of a member
LAWRENCE W. SMITH,	ESQ.  Typed or printed name of signee

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