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COVER LETTER

	Registration Sec Division of Corp					
SUBJEC	Joshua Doni					
SUBJEC	T:		ited Liability Company			
The enclo	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspor	ndence concerning this matter	to the following:			
		Joshua Donner				
			Name of Person	· · · · · · · · · · · · · · · · · · ·		
		Joshua Donner, PLLC				
			Firm/Company			
		120 NE 4TH ST N-PH2-1	1			
			Address	· · ·		
		Fort Lauderdale Fl. 33301				
		-	City/State and Zip Code			
		joshdonnert@gmail.com				
		E-mail address: (to be used for future annual report noti	fication)		
For furthe	r information co	oncerning this matter, please co	all:			
Joshua Do	onner		908 625-1301 at ()		F3 :	
Name of Person		Person	Area Code Daytim	e Telephone Number	,	
Enclosed	is a check for the	c following amount:			, 3	- (=
□ \$25.0	0 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	uus &	STATE CAS
	<u>Jailing Address</u> Registration S		<u>Street Address:</u> Registration Sec	etion		

Division of Corporations P.O. Box 6327

TO:

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Joshua Donner, PLLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{\text{Feb }11,2020}{\text{Li}}$ and assigned Florida document number _1.20000048760 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGMBR	Joshua Donner		□Add
			□Remove
			■ Change
			□Add
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Effective date, if other than the fan effective date is listed, the date	he date of filin	ig:	a data of filing as n	op	tional)	A05 0207
Note: If the date inserted in this	block does not i	meet the applica	ble statutory filir	nore mair we days at ng requirements, t	his date will not be	listed as
	: Department of S	State's records.				
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