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COVER LETTER

то:	Registration Se Division of Cor					
SUBJEC	Cr. Cr	ASALS LAW, PLLC				
SUBJE	<u> </u>	Name of Lim	nited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspe	ondence concerning this matter	to the following:			
			ALEXANDRA CASALS	_		
		-	Name of Person			
			CASALS LAW, PLLC			
			Firm/Company			
		5001	SW 74TH COURT, SUIT	E 103		
			Address			
		,	MIAMI, FLORIDA 33155			
		·	City/State and Zip Code			
			CASALS0408@GMAIL.COM to be used for future annual r			
For furth	er information c	oncerning this matter, please c	all:			
ALEX	ANDRA CASALS		786 at ()	271-2486		
	Name o	f Person	Area Code	Daytime Telephone Number		
Enclosed	I is a check for th	ne following amount:				
፟፟፟፟ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &		
Mailing Address:		Street Ad Rogistra				
Registration Section Division of Corporations		Registration Section Division of Corporations				
	P.O. Box 632		The Centre of Tallahassee			
	Tallahassee, 1	FL 32314	2415 N.	Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASALS LAW, 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 and assigned Florida document number
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 registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
thier riorida street address
Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	ALEXANDRA CASALS	5001 SW 74TH COURT	□Add
	**Change title from "P" to "MGR"	SUITE 103	□Remove
		MIAMI, FLORIDA 33155	⊠Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ective date, if other than the effective date is listed, the date muster: If the date inserted in this blument's effective date on the D	st be specific and cannock does not meet	the applicable stat			
ecord specifies a delayed effectiv s filed.	e date, but not an e	ffective time, at 1	2:01 a.m. on the earl	ier of: (b) The 90th	day after the
ed APRIL 10		2020			
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	54-1		- 8		
	Signature of a memb	per or authorized rep	resentative of a member	er	

Filing Fee: \$25.00