## L20 000098270

| (Re                     | questor's Name)   |             |
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| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    |             |
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S. YOUNG



## **COVER LETTER**

|               | gistration Se<br>dision of Cor |  |   |   |
|---------------|--------------------------------|--|---|---|
| CUID IE/T.    | Singh & Sh                     | ah, PLLC                                     |   |   |
| мивлест.      |                                | Name of Lim                                  | ited Liability Company  |   |
| The encloses  | d Articles of                  | Amendment and fee(s) are sub                 | mitted for filing   |   |
|               |                                | ndence concerning this matter                | -   |   |
| r lease retur | ran correspo                   | addice concerning this matter                | to the following.   |   |
|               |                                | Michael Sigh                                 |   |   |
|               |                                |  | Name of Person  |   |
|               |                                | SSM LAW GROUP                                |   |   |
|               |                                |  | Firm/Company  |   |
|               |                                | 1950 Lee Road, Suite 110                     |   |   |
|               |                                |  | Address   |   |
|               |                                | Winter Park, FL 32789                        |   |   |
|               |                                | <u></u>                                      | City/State and Zip Code   |   |
|               |                                | mike@ssmlawgroup.com                         | to be used for future annual report                                 | mat(flastian)   |
| For further i | nformation c                   | oncerning this matter, please of             |   | nouncations   |
| Michael Sin   | gh                             |  | 321 2639877   | ,   |
|               | Name o                         | f Person                                     | Area Code Da  | ytime Telephone Number  |
| Enclosed is   | a check for th                 | ne following amount:                         |   |   |
| 暑 \$25.00     | Filing Fee                     | □ \$39.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|               | niling Addres                  |  | Street Addres   |   |
|               | gistration S<br>vision of C    | section<br>forporations                      | Registration<br>Division of   | Corporations  |
| P.0           | O. Box 632                     | 7  | The Centre  | of Tallahassee  |
| l a           | Hahassee, I                    | TL 32314                                     | 2415 N. Mo  | nroe Street, Suite 810  |

Taliahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SINGH AND SHAH, PLLC

| (Name of the Lim  | ited Liability Compa<br>(A Florida Limited | iny as it now appears on<br>Liability Company) | our records.)                            |  |  |  |
|---|--|--|--|--|--|--|
| he Articles of Organization for this Limited lorida document number L20000098270                                    | Liability Company                          | were filed on 04/07/2                          | · · · · · · · · · · · · · · · · · · ·    |  |  |  |
| his amendment is submitted to amend the fo  | lowing:                                    | PH 3: 0E                                       |  |  |  |  |
| . If amending name, enter the new name  | of the limited liab                        | ility company here:                            | <b></b>                                  |  |  |  |
| SM LAW GROUP, PLLC.   |  |  |  |  |  |  |
| ne new name must be distinguishable and contain the   | words "Limited Liabi                       | lity Company," the design                      | ation "LLC" or the abbreviation "L.L.C." |  |  |  |
| nter new principal offices address, if appli  | cable:                                     | 1950 Lee Road                                  |  |  |  |  |
| Principal office address MUST BE A STRE   |  | Suite 110                                      |  |  |  |  |
|   |  | Winter Park, FL 327                            | 89                                       |  |  |  |
| nter new mailing address, if applicable:  |  | 1950 Lee Road                                  |  |  |  |  |
| Mailing address MAY BE A POST OFFICE  | E BON)                                     | Suite 110                                      |  |  |  |  |
|   |  | Winter Park, FL 327                            | 89                                       |  |  |  |
| . If amending the registered agent and/or gent and/or the new registered office addr  Name of New Registered Agent: | •  |  | ds, enter the name of the new regist     |  |  |  |
| N. D. LOGGARD   | 1950 Lee Road, Suite 110                   |  |  |  |  |  |
| New Registered Office Address:  | Enter Florida street address               |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   | Winter Park                                |  | , Florida 32789                          |  |  |  |

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.

f 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> | Name             | <u>Address</u>           | Type of Action |
|--------------|------------------|--------------------------|----------------|
| MGR          | Matthew McNamara | 1950 Lee Road, Suite 110 | ≅ Add          |
|              |                  | Winter Park, FL 32789    | □ Pamaya       |
|              |                  |                          | □Change        |
|              |                  |                          | □Add           |
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|                             |   |                             |                             |                           |                        |           |                             |                              |             |                                   |                                   | _                       |
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|                             |   |                             |                             |                           |                        |           |                             |                              |             |                                   | _                                 | _                       |
|                             |   |                             | <u>-</u>                    |                           |                        |           |                             |                              |             |                                   |                                   | _                       |
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|                             |   |                             |                             |                           | -                      |           |                             |                              |             |                                   | <u>-</u>                          | _                       |
|                             |   |                             |                             |                           | 11/01                  | /2020     |                             |                              |             |                                   |                                   |                         |
| n effect<br>i <b>te:</b> If | e date, if of<br>tive date is lift<br>the date in<br>it's effective | sted, the da<br>scried in t | te must be s<br>his block o | pecific and<br>loes not r | d cannot b<br>neet the | applicabl | late of filir<br>e statutor | ig or more d<br>v filing rec | ian 90 days | optional) after filing, this date | ) Pursuant to 6<br>will not be li | 05.0207 (<br>isted as t |
| ecord s<br>is filed         | -   | delayed et                  | Tective dat                 | e, but not                | t an effec             | nive time | , at 12:01                  | a.m. on th                   | e earlier c | f: (b) Th                         | e 90th day af                     | ter the                 |
| ted                         | 101   | 120/                        | 2070                        | <del></del>               | , <i>C</i>             | >         |                             |                              |             |                                   |                                   |                         |
|                             | .//   |                             |                             | /_/                       | 1                      |           |                             |                              |             |                                   |                                   |                         |
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Typed or printed name of signee