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COVER LETTER

CENTER. LLC Name of Lim	nited Liability Company			
Name of Lim	nited Liability Company			
nent and fee(s) are sub	omitted for filing.			
concerning this matter	to the following:			
SELY TORRES, ESQ.				
<u> </u>	Name of Person			
-NEZER LAW CENT	TER, LLC			
	Firm/Company			
25 SUNRISE TERRA	CE DR.			
	Address			
LANDO, FLORIDA	32825			
	City/State and Zip Code			
· -		4:6(···-)		
		шпсанопу		
	407 274-2172			
	Area Code Dayti	me Telephone Number		
ring amount:				
	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		ection		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
	25 SUNRISE TERRA LANDO, FLORIDA y@ebe-nezerlawcente E-mail address: to this matter, please of the control of	E-NEZER LAW CENTER, LLC Firm/Company 25 SUNRISE TERRACE DR. Address LANDO, FLORIDA 32825 City/State and Zip Code y@ebe-nezerlawcenter.com E-mail address: (to be used for future annual report no neg this matter, please call: 407 274-2172 at (

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EBEN-EZER LAW CENTER, LLC

(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 $\frac{07/17/2020}{}$ _____ and assigned Florida document number L20000213130 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EBE-NEZER LAW CENTER, LLC The new name must be distinguishable and contain the words "Limited Liability 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) 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 ____, Florida ___ Cin

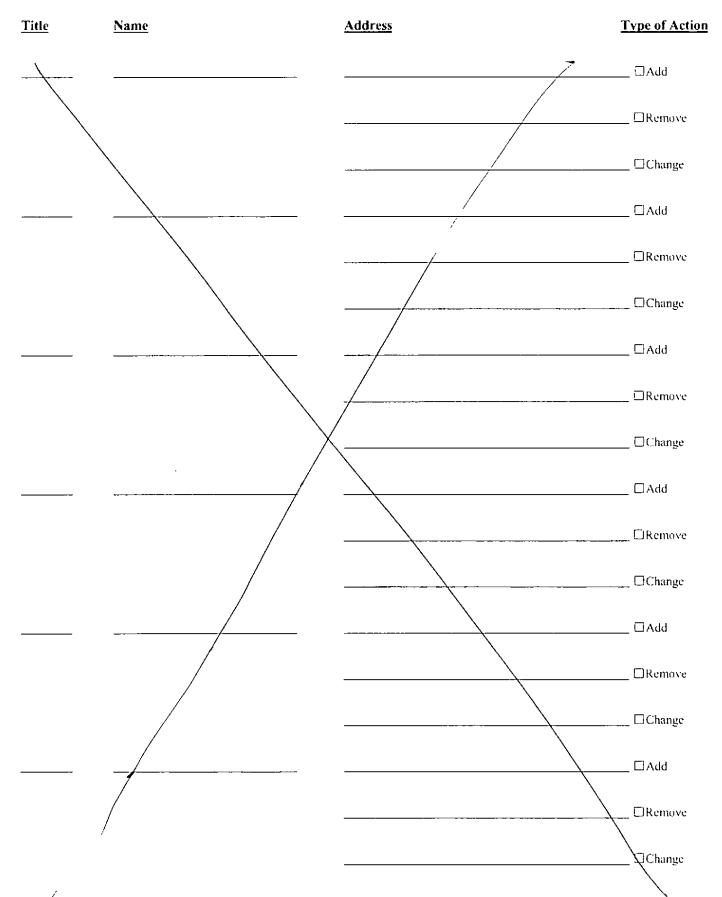
New Registered Agent's Signature, if changing Registered Agent:

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 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



If amending any other information, enter change(s) her	
7	/
	
/	
/	
Effective date, if other than the date of filing:	(optional)
If an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records.	r to date of filing or more than 90 days after filing.) Pursuant to 605.020' cable statutory filing requirements, this date will not be listed as
e record specifies a delayed effective date, but not an effective tird is filed.	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after the
FEBRUARY I. 2024	
Dated	 ·
Kayla Horl	
Signature of a member or author	norized representative of a member
ROSELY TORRES, ESQ.	iorized representative of a member

Typed or printed name of signee