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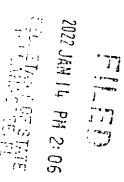
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## **COVER LETTER**

TO:

Registration Section

Division o	f Corporations					
	umbers Law Firrm, PLLC					
SUBJECT:	Name of L	imited Liability Company	· · · · · · · · · · · · · · · · · · ·			
The enclosed Articl	es of Amendment and fee(s) are s	submitted for filing.				
Please return all cor	respondence concerning this mate	ter to the following:				
	Osebolulu Omo-Abu					
		Name of Person				
The Numbers Law Firm, PLLC					200	
		Firm/Company			7	٠, ٠,٠
	1911 Grayson Hwy Suit	se 8-341			2022 JAN 14	- 730 - 730 - 740
		Address			PH	17
	Grayson, GA 30017			(11 <u>0</u> 2) - 1	1 2: 0	5 704 . TRANS.
		City/State and Zip Code		ं लि	ゔ゙	
	info@thenumberslawfirn					
	E-mail address	s: (to be used for future annual report notif	ication)			
For further informat	ion concerning this matter, please	e call:				
Osebolulu Oomo-A	bu	855 433-3476 at ( )				
N	ame of Person		Telephone Number			
Enclosed is a check	for the following amount:					
□ \$25.00 Filing F	ee \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fill Certificat Certified (additional	te of Statu Copy		
Division P.O. Box	ion Section of Corporations	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 8	10		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Numbers Law Firm, 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  $\frac{12/17/2020}{1}$ 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 "L.L.C." 440 Louisiana Street Suite 900 Enter new principal offices address, if applicable: Houston, TX 77002 (Principal office address MUST BE A STREET ADDRESS) 1 440 Louisiana Street Suite 900 Enter new mailing address, if applicable: ⊤ഗ Houston, TX 77002 (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

## 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

, Florida

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
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			□ Remove
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January 8 2022							
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Typed or printed name of signee