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## **COVER LETTER**

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SUBJEC	<u>.                                </u>	Name of Lin	nited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		Daniel Y. Gielchinsky					
			Name of Person	<del> </del>			
		DG IM Law, PLLC					
		-	Firm/Company				
1132 Kane Concourse, Suite 204							
			Address				
	Bay Harbor Islands, Florida 33154						
		dan@dgimlaw.com E-mail address: (	to be used for future annual report notif	ication)			
For furth	ner information c	concerning this matter, please c	all:				
Daniel Y	r. Gielchinsky		305 763-8708				
	Name o	r Person	Area Code Daytime	Telephone Number			
Enclosed	l is a check for t	he following amount:					
□ \$25.	00 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 Status & Certified Copy (additional copy is enclosed)			
	Mailing Addres		Street Address:				
	Registration !		Registration Sec				

Division of Corporations P.O. Box 6327

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 AND ARTICLES OR ARTICLES

DG IM Law, PLLC

21 JUL 12 AH 3: 45

(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 May 13, 2021 and assigned Florida document number L21000222523 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 \_\_\_\_\_, Florida \_\_\_\_\_\_ Zıp Code

## 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member		Addres JUL 12 AH 3: 45	
<u>Title</u>	<u>Name</u>	Address JUL 12 AH 3. 5	Type of Action
MGRM	Isaac M. Marcushamer	1132 Kane Concourse, Suite 204	<b>=</b> Add
		Bay Harbor Islands, FI 33154	□Remove
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ective date, if other than	the date of filing:	(optional)	
effective date is listed, the date	must be specific and cannot be prior to d	ate of filing or more than 90 days after filing.) Pt	irsuant to 605,020
	s block does not meet the applicable e Department of State's records.	statutory filing requirements, this date wil	r nor oc usted a
cord specifies a delayed effi	ctive date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 9	0th day after the
s tiled.			
luly 9	2021		
ed July 9			
	1////		
	Signature of a member or authorize	d representative of a member	
Daniel Y. Gielchins			

Filing Fee: \$25.00