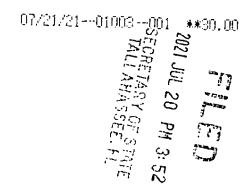
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COVER LETTER

	Registration Se Division of Co								
CHD IE		roup PLLC							
Name of Limited Liability Company									
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.						
Please re	turn all correspo	ondence concerning this matter	to the following:						
		Jere Farlywine							
			Name of Person						
		KE Law Group PLLC							
			Firm/Company						
		P.O. Box 6386							
			Address						
		Tallahassee, Florida 32314	1						
			City/State and Zip Code	*					
		jere@kelawgroup.com							
		E-mail address: (to be used for future annual report noti	ification)					
For furthe	er information c	oncerning this matter, please c	all:						
Jere Early	ywine		850 528-6152						
	Name o	f Person		e Telephone Number					
Enclosed	is a check for th	ne following amount:							
□ \$ 25.0	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 Section Division of Corporations			Registration Se						
	P.O. Box 632		Division of Cor The Centre of T	-					
	l'allahassee. I			e Street Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KE LAW GROUP, PLLC	
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{Ju}{L}$ florida document number $\frac{L21000296643}{L}$.	ne 27, 2021 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company he	ere:
ne new name must be distinguishable and contain the words "Limited Liability Company," the c	designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	LE S
Principal office address MUST BE A STREET ADDRESS)	AT 12 17 17 17 17 17 17 17 17 17 17 17 17 17
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>	SOF STOF
If amending the registered agent and/or registered office address on our reent and/or the new registered office address here:	ecords, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address: Enter Flor	rida street address
	F1

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

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>	Name	Address	Type of Action
AMBR	Roy Van Wyk	P.O. Box 6386	≅Add
		Tallahassee, Florida 32314	□Remove
			□Add
			Remove
			Change
			CRETARY OF S
			Remojve 3: Change
			□Add
			□Remove
			□Change
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is filed.						12.01 a .1	n. on me e	arner or.	(b) The	90th ua	y anter in
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	July Ju	1/1/2-	11	1							
		Signature o	f a mem	iber or au	thorized r	epresentat	ive of a me	mber			
	Jere L Farlywine	•									
	JUIC L. FAIRVWING										