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| (Re | equestor's Name) | |
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| Special Instructions to | Filing Officer: | |
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"ECRETARY OF STATE

COVER LETTER

TO:

Registration Section
Division of Corporations

| SUBJECT: We | 1tzenfeld Law Name of Lin | Grava PLLC | |
|-------------------------------|----------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 30032C1 | Name of Lin | nited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | | | |
| | 44/ We | Name of Person | |
| | | Name of Person | |
| | weitzenfe | Id Law Group, Firm/Company | PLLC 0 B |
| | | Firm/Company | ZE ZE T |
| | 19104 MAA | nolia Farms La | NG-5 PH |
| | | Address | S P |
| | odessa | FC 73556 | 2021 AUG -5 PH 2: 13 SECRETARY OF STATE SECRETARY SEE. FL |
| | | | FL 13 |
| | | to be used for future annual report noi | rification) |
| For further information | concerning this matter, please c | · | |
| | | | |
| Hal Welt | renfeld | at (954) 270 Area Code Daytin | - 7575° |
| Name | of Person | Area Code Daytir | ne Telephone Number |
| Enclosed is a check for t | the following amount: | | |
| \$25.00 Filing Fee | S30.00 Filing Fee & | C SES OO Pillion Poor B | E 600 00 ET E |
| ue 325.00 Filmig rec | 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) |
| | | | (waterway copy to electrical) |
| Mailing Addre | ss: | Street Address: | |
| Registration | Section | Registration Se | |
| Division of C P.O. Box 633 | • | Division of Co The Centre of | |
| Tallahassee, | | | oc Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| west zenfeld can G | roup, PLLC | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------|
| Weitzenfeld Law & (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company | y were filed on 7/9/21 | and assigned |
| Florida document number <u>L21000314953</u> | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | pility company here: | |
| Weltzenfeld Law, PLLC The new name must be distinguishable and contain the words "Limited Liab | | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LLC" o | or the abbreviation, "L.L.C." |
| Enter new principal offices address, if applicable: | | TO IT |
| (Principal office address MUST BE A STREET ADDRESS) | | 5 5 |
| | | 72 M |
| | | SEE S |
| Enter new mailing address, if applicable: | | 77. |
| (Mailing address MAY BE A POST OFFICE BOX) | | rri S |
| | · · · · · · · · · · · · · · · · · · · | - |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter th | e name of the new registered |
| agent and of the new registered office address here. | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| The state of the s | Enter Florida street address | |
| | Flori | da |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent | <u>:</u> | |

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

| <u>Title</u> | Name | Address | Type of Action |
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| e date inserted in this block does not meet the applicable statutory filing requirements, this effective date on the Department of State's records. | iling.) Pursuant to 605.02 |
| | date will not be listed |
| | |
| ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) | The 90th day after the |
| August 3, 2021 | |
| THE STATE OF THE S | |
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| Signature of a member of authorized representative of a member | |
| Signature of a member of authorized representative of a member | |