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COVER LETTER

TO: Registrat Division		ction porations		• • • • • • • • • • • • • • • • • • •	٠.
	.aw, PL	LC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed Artic	cles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all co	orrespor	ndence concerning this matter	to the following:		
		Zachariah Evangelista			
			Name of Person		
		Ser & Associates			
			Firm/Company		
		801 Monterey Street, Suite	204		
			Address		
		Coral Gables, Florida 3313	34		
			City/State and Zip Code		
		Jessica@ser-associates.com			
			to be used for future annual report no	lification)	
For further inform	ation co	oncerning this matter, please c	all:		
Zachariah Evange	lista		305 222-7282 at ()		
1	Name of	Person		me Telephone Number	
Enclosed is a chec	k for the	e following amount:			
■ \$25.00 Filing	Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is en	itus &
Mailing A			Street Address:		
Registra Division		section orporations	Registration Se Division of Co		
P.O. Bo			The Centre of	-	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ser Law, PLLC	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) uted Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L22000023338</u> .	pany were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
Ser & Associates, PLLC	
The new name must be distinguishable and contain the words "Limited I	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	5)
Enter new mailing address, if applicable:	2022)
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the name of the new registere
	<i>₹</i> 39
Name of New Registered Agent:	·
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip 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 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
		·	□Add
			□ Remove
			□Change
			□Add
		 	□ Remove
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ote: 1	ve date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is file	sd.
r	Johnson 3 2022
ated _	February 3 , 2022
	\mathcal{L}
	Signature of a member or authorized representative of a member

. . .

Filing Fee: \$25.00