122000069323

(Requestor's Name)	—
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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DIVISION OF CORPORATIONS

27 APR 15 AM 9: 16

T. MATTHEWS MAY 16 2022

COVER LETTER

	Registration S Division of Co			
		schal PLLC		ı₹ -
SUBJEC	T:	Name of Lim	ited Liability Company	
The encl	osed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		Yolanda Strader		
			Name of Person	
		Strader Paschal		
		 	Firm/Company	
Division of Corporations Substact: Strader Paschal PLLC				
			Address	1-1
		Plantation, FL 33324		
			•	
		- ·		
For furth	er information			meanny
		concerning and matter, prease a		
- Ganda		of Person	at (ne Telenhane Number
	(Value)	or r crson	Area Code Dayin	the receptione retinical
Enclosed	l is a check for	the following amount:		
\$25 .	00 Filing Fee	-	Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	_	Section Corporations	Registration Se Division of Co	
	P.O. Box 63		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 APR 15 AM 9: 16

Strader Paschal PLLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L22000069323	were filed on February 10, 2022 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	Jity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	150 S. Pine Island Road				
Principal office address MUST BE A STREET ADDRESS)	Suite 300				
	Plantation, Florida 33324				
Enter new mailing address, if applicable:	150 S. Pine Island Road				
Mailing address MAY BE A POST OFFICE BOX)	Suite 300				
	Plantation, Florida 33324				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new register</u>				
New Registered Office Address:					
non registered office reducin.	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.

Cuv

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
MGR	Bryan Paschal	150 S. Pine Island Road, Suite 300	≣ Add
		Plantation, FL 33324	□Remove
			□Change
			🗀 Add
			Remove
			□Change
			
			🗀 Remove
			□Change
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ective	date, if other than th	e date of filing:			(op	tional)	
reffectiv te: If th	e date is listed, the date mi ie date inserted in this b	ust be specific and c block does not me	annot be prior to set the applicat	date of filing or mole statutory filin	ore than 90 days aft g-requirements, tl	er filing.) Pursuant (11s date will not b	o 605.020 e listed a
	s effective date on the I			·	-		
cord sp s tiled.	ecifies a delayed effecti	ve date, but not a	n effective tim	e, at 12:01 a.m.	on the earlier of:	(b) The 90th day	after the
ed Api	il 11		2022				
				- ·			
		Signature of a m	embel — aihori	sed representative	of a member		

Filing Fee: \$25.00