122000091787

(Requestor's Name)
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COVER LETTER

TO: Registration Se Division of Cor			
Maderal By			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Francisco R. Maderal		
		Name of Person	
	Maderal Byrne PLLC		
	<u> </u>	Firm/Company	
	2800 Ponce de Leon Blvd.	, Suite 1100	
		Address	
	Coral Gables, FL 33146		
		City/State and Zip Code	
	frank@maderalbyme.com		
For further information c	encerning this matter, please c	to be used for future annual report notif ail:	ication)
Francisco R. Maderal		305 520-5690 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for the	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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632		The Centre of T	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maderal Byrne PLLC			
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our re iability Company)	cords.)	
The Articles of Organization for this Limited Liability Company Florida document number L22000091787	were filed on 2/9/22	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
Maderal Byrne & Furst PLLC		<u> </u>	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		<u></u>	
Enter new mailing address, if applicable:		23 MAR _ 3	
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>e</u>	nter the name of the new register	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street a	nddress	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ee to act in this capacity performance of my dutie	. I further agree to comply with t es, 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
AMBR	Rachel Furst PA	570 NE 57th Street	■Add
		Miami, Florida 33137	□ Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			CRemove
			☐ Change
			□ Add
			□Remove
		<u></u>	□Change
			□Add
			□Remove
			□Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: (If an effective 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 605.020' Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
the 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 cord is filed.
Dated
Fraces as K. Madral Rondient, Fraces of M. Madrald PA

Filing Fee: \$25.00