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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RABIDEAU KLEIN Account Number : I20200000035 Phone : (561)655-6221 Fax Number (561)655-3221

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE BLAIRE GROUP, PLLC

Certificate of Status	0
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COVER LETTER

TO: Registration S Division of Co			
THE BLA	IRE GROUP, PLLC	£	,
	Name of Lim	ited Liability Company	
The england to #2.1			
	f Amendment and fee(s) are sub		
Please return all corresp	ondence concerning this matter	to the following:	
	GUY RABIDEAU		
		Name of Person	<u> </u>
	RABIDEAU KLEIN		
	 -	Firm/Company	
	440 ROYAL PALM WAY	r, SUITE 101	
		Address	
	PALM BEACH, FL 33480)	
		City/State and Zip Code	
	GRABIDEAU@RABIDEA		
		to be used for future annual report noti	licarion)
For further information (concerning this matter, please c	all:	
GARRETT ELLIS		561 655-6221 at()	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahaccaa El 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2416 M Manney Course C. to. 010.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE BLAIRE GROUP, PLLC	
(Name of the Limited Liability Company as (A Floride Limited Liability)	it now appears on our records.) ity Compeny)
The Articles of Organization for this Limited Liability Company were	e filed on and assigned
Florida document number L22000378700	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
REAGAN STARCHER, PLLC	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
_	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<u> </u>	
D. Marian Maria de la companya del companya de la companya del companya de la com	
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ess on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			Change
			□ Add
			□Remove
			□ Change
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			□Remove
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			□Add
			□Remove
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			Remove

Signature of a member or authorized representative of a member. (optional) (
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