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## **COVER LETTER**

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Name of Lin	ited Liability Company	
Name of Limited Liability Company  used Articles of Amendment and fee(s) are submitted for filing.  Part Houston  Bart Houston  Name of Person  Houston Roderman PLLC  Firm/Company  633 S Andrews Ave., Suite 500  Address  Ft.Lauderdale, Florida 33301  City/State and Zip Code  BHouston@HoustonRoderman.com  E-mail address: (to be used for future annual report notification)  er information concerning this matter, please call:  Iston  Name of Person  Area Code  Daytine Telephone Number  Lis a check for the following amount:  00 Filing Fee  S30.00 Filing Fee S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy  Certifie		
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	Name of Person	
Houston Roderman PLLC		
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Houston Roderman LLC	<u></u> .
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed	d on November 18,2022 and assigned
Florida document number <u>L.22000494682</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
Houston Roderman PLLC	
The new name must be distinguishable and contain the words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	\$2.00 miles
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	50 B
B. If amending the registered agent and/or registered office address of	n our records, enter the name of the new registere
agent and/or the new registered office address here:	LE 56
Name of New Registered Agent:	
New Registered Office Address:	
E	nter 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 =	Мападег
AMBR =	<b>Authorized Member</b>

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