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SECRETARY OF STATE DIVISION OF CORPORATIONS

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## **COVER LETTER**

ΓO: Registration S Division of Co			• •	£	
77 A Alan D. B	arson, PLLC				
SUBJECT:	Name of Limi	ted Liability Company	<u> </u>		
The enclosed Articles of	Amendment and fee(s) are subj	nitted for filing.			
	ondence concerning this matter	-			
	ALAN DAVID BARSON,	ESQ.			
	<del></del>	Name of Person			
	500LAW			<b>20</b> .	38
		Firm/Company		2023 OCT	25.03 38.03
	200 S ANDREWS AVE - S	STE 100		07 -6	:#     <u>                                 </u>
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	FORT LAUDERDALE FL	. 33301		P# 2	OF STA
	-	City/State and Zip Code		2: 21	TE TE
	adb@barsongs.com E-mail address: (t	o be used for future annual report notif	ication)		
For further information	concerning this matter, please ca	·			
Alan David Barson		305 677-3550			
Name (	of Person	at () Area Code Daytime	: Telephone Number	_	
Enclosed is a check for t	the 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 F Certificate of S Certified Copy (additional copy is	Status &	
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction		
Division of C	Corporations	Division of Cor	porations		
P.O. Box 63:	27	The Centre of T	allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALAN D. BARSON, PLLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	ility Company were filed on January 23, 2023	and assigned
his amendment is submitted to amend the following		
A. If amending name, enter the new name of th	e limited liability company here:	
ALAN DAVID BARSON, PLLC		
he new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicabl Principal office address MUST BE A STREET A		SEC.F 91V <b>1</b> S10 2023 00
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	<u></u>	FILED RY OF STATE F CORPORATIONS -6 PM 2: 21
B. If amending the registered agent and/or regingent and/or the new registered office address h	stered office address on our records, <u>enter the namere</u> :	me of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	imer i uriad meet daness	
-	Florida	
	City	Ziv 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 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

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n effective date is listed o <mark>te:</mark> If the date insert	er than the date of f I, the date must be specifi ted in this block does r late on the Department	c and cannot be prior not meet the applic	able statutory filin	( <b>option</b> ore than 90 days after t g requirements, this	Hing.) Pursuant to	505.0201 listed as
record specifies a dela is filed.	ayed effective date, bu	t not an effective ti	me, at 12:01 a.m.	on the earlier of: (b)	The 90th day a	fter the
OCTOBER 2, 2	2023	_·	·			

Filing Fee: \$25.00