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er the email address for this business entity to be used for future 20 jannual report mailings. Enter only one email address please.**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUTH FLORIDAN ESTATE PLANNING & PROBABE PLLC

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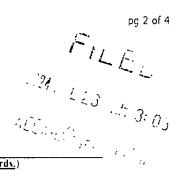
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K. SALY

JUL 2 4 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



SOUTH FLORIDAN ESTATE PLANNING & PROBABE PLLC

15612148442

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Con-	npany were filed	on 07/22/2024		and assigned
Florida document number L24000322613				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability compa	ıny here:		
South Florida Estate Planning & Probate PLLC				
The new name must be distinguishable and contain the words "Limited	d Liability Company,	" the designation	"LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE.				
Enter new mailing address, if applicable:				
, , , ,				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on	our records, <u>e</u>	nter the name	of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
	Em	er Florida street a	ddress	
			Florida	Zip Code
	Сцу			Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:			
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and com accept the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	iplete performan it as provided fo	ce of my dutie r in Chapter (rs, and Lam fa 505, F.S. Or. i	miliar with and f this document is
į	If Changing Register	red Agent, Signæ	ture of New Regi	stered 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
			□Add
			□Remove

			□Change
			□Add
			□Remove
			□Change
- 			ÜAdd
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		*****	□Add
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Note: If the date inserted in this	the date of filing: must be specific and cannot be prior to date of filing or more to block does not meet the applicable statutory filing receive Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605.0207 (quirements, this date will not be listed as t
e record specifies a delayed effected is filed.	ctive date, but not an effective time, at 12:01 a.m. on the	he earlier of: (b) The 90th day after the
Dated July 23	2024	
	Stoken Signature of a member or authorized representative of a	

Filing Fee: \$25.00