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S. PRATHER

COVER LETTER

TO: Registration Division of C	Section Corporations		
	Legal, LLC		
SOBJECT:	Name of Lin	ited Liability Company	
	of Amendment and fee(s) are sub		
Please return all corres	spondence concerning this matter	to the following:	
	Sean Napolitano		
	return all correspondence concerning this matter to the following:		
	Karpen Legal, LLC		
		Name of Person Firm/Company Address City/State and Zip Code nil.com ress: (to be used for future annual report notification) case call:	
	3049 Windham Dr.		
		Address	
	Eustis, FL 32726		
	napolitano.sean@gmail.co	·	
	E-mail address: (to be used for future annual report noti-	fication)
For further information	n concerning this matter, please c	all:	
Sean Napolitano			
Nam	e of Person	Area Code Daytime	e Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Add	ress:	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Karpen Legal, LLC	<u>i.</u> on
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
(A Florida Limited Liability Company)	Ç.
The Articles of Organization for this Limited Liability Company were filed on $\frac{08/16/2024}{\text{Elorida document number}}$	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Karpen Legal, PLLC	
he new name must be distinguishable and contain the words "Limited Liability 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)	
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
······································	
3. If amending the registered agent and/or registered office address on our records, <u>enter the nate and/or the new registered office address here</u> :	me of the new regis
1	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
. Florida	

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.

City

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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

. . .

ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed accument's effective date on the Department of State's records.	Changing to a PLLC because member	er is an Attorney Licensed by Florida Bar.	
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