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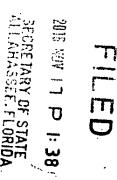
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COVER LETTER

TO: Registration S Division of Co		;			
	ocates, PLLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	William C. Slabaugh				
		Name of Person			
	Legal Advocates, PLLC				
	19 500 1	Firm/Company			
	301 Yamato Road, Suite 1240				
	40-10-les -	Address			
	Boca Raton, FL 33431				
	The state of the s	City/State and Zip Code	-		
	info@inyourinterest.net				
	E-mail address: (to be used for future annual report notif	ication)		
For further information	concerning this matter, please ca	all:			
William C. Slabaugh		561 666-3443			
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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Legal Advocates, PLLC				
(Name of the Lim	ted Liability Compa (A Florida Limited	any as it now appears on o Liability Company)	our records.)	
The Articles of Organization for this Limited L	iability Company.	were filed on $\frac{02/16/20}{}$	and assigne	
Florida document number L16000037126	··			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
he new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designa	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		301 Yamato Road		
		Suite 1240		
		Boca Raton, FL 3343	1	
Entër new mailing address, if applicable:	ntër new mailing address, if applicable:		To soy	
Mailing address MAY BE A POST OFFICE BOX)		Suite 1240	75 3 F	
		Boca Raton, FL 3343		
3. If amending the registered agent and egistered agent and/or the new registered of			records, enter the name of t	
Name of New Registered Agent:	William C. Sla	baugh		
New Registered Office Address:	301 Yamato Ro	oad, Suite 1240		
		Enter Florida str	reet address	
	Boca Raton	W-1	, Florida ³³⁴³¹	
		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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Joseph R. Paxton	Joseph R. Paxton	
		7725 Stanway Place East	■ Remove
		Boca Raton, FL 33431	Change
			Add
			□ Remove
7.			Add
		····	□ Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			Add
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n effective date is listed, the date must be sp	ecific and cannot be price		nore than 90 days	after fili	ig.) Pursu	
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Filing Fee: \$25.00