118000209473

(Re	equestor's Name)		
(Ad	ddress)		
(Ac	ddress)		
,	·		
(Ci	ty/State/Zip/Phone #)		
PICK-UP	☐ WAIT ☐ MAIL		
(Ви	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
	J. HORNE		
	J. HORNE JAN - 8 2023		

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12/15/23--01022--017 **25.00



COVER LETTER

porations	•			
SUBJECT: Name of Limited Liabitity Company				
Amendment and fee(s) are sub	mitted for filing.			
ondence concerning this matter	to the following:			
Joey Trowbridge				
	Name of Person	· · · · · · · · · · · · · · · · · · ·		
Trowbridge Law, PLLC				
Firm Company				
3441 CR 470 #534				
	Address			
Okahunipka, Fl. 34762				
	City/State and Zip Code			
		wife antion)		
		Affication)		
•	248 990-2132			
Name of Person		ime Telephone Number		
the following amount:				
☐ \$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)		
	Street Address: Registration S	Section		
Division of Corporations		orporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
	Professional Services, LLC Name of Lim Amendment and feets) are sub ordence concerning this matter Joey Trowbridge Trowbridge Law, PLLC 3441 CR 470 #534 Okahumpka, FL 34762 myvillageslawyer@gmail.co E-mail address: 6 concerning this matter, please co of Person the following amount: S30.00 Filing Fee & Certificate of Status ess: Section Corporations 27	Amendment and feets) are submitted for filing. Amendment and feets) are submitted for filing. Idea Trowbridge Name of Person		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF fessional Services LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

My Villages Professional Services LLC

The Articles of Organization for this Limited Liability Compa	ny were filed on $\frac{09/04/2}{100}$	018	and assigned
Florida document number L18000209473			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
Trowbridge Law, PLLC			
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the design	ation "LLC" or the abb	reviation "L L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		•	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office	ce address on our recor	ds, <u>enter the name</u>	of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
-1-11-2-0		, Florida	Zip Code
	-		Zip Code
New Registered Agent's Signature, if changing Registered Age			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl- accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	etc performance of my as provided for in Chap	duties, and I am fe oter 605, F.S. Or, i	uniliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

If ameading 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

Title	<u>Name</u>	Address	Type of Action
			□Remove
			TChange
			⊟Remove
			L]Remove
			□Remove
			LJRemove
			
			[_]Remove
			Change

Typed or printed name of signee