(VI)

L00000015643

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COVER LETTER

	TO: Registration Section Division of Corporations			
0	minko, Swaim & Stall, PLLC			
SUBJECT: Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Steven D. Hutton, Esquire			
		Name of Person		
	Hutton, Dominko & Stall,	PLLC		
	Firm/Company			
	2639 Fruitville Road, Suite	e 302		
		Address		
	Sarasota, FL 34237			
		City/State and Zip Code		
	sdh@hdslawgroup.com			
	E-mail address: (to be used for future annual report noti-	fication)	
For further information of	concerning this matter, please c	all:		
Noreen McHugh		941 364-9292 at ()		
Name o	of Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for t	he 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 Addres Registration		Street Address: Registration Sec	etion	
Division of Corporations		-	Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hutton, Dominko, Swaim & Stall, PLLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nv as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on December 18, 2000	and assigned
lorida document number L00000015643		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
lutton, Dominko & Stall, PLLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	·	<u>;</u>
		,
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	,f ** **-*	;
nter new mailing address, if applicable:		
•	S	-
<u> 1ailing address MAY BE A POST OFFICE BOX)</u>		1
		.
	\ddot{r}_{i}	-
If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	e of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Lines From a Spect lawress	
	, Florida	
	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 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
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		 	☐ Change
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	mation, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	he date of filing:	suant to 605.0207 (3) not be listed as the
document a creetive date on the	bepartment of State S records.	
he record specifies a delayed effe ord is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90t	h day after the
October 16	2024	
		
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	

Typed or printed name of signee