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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account 120210000160: \$25.00 Authorization Signature Onde Willis & Oden, PL Business Name #Document _ _ Certified Copy Certificate of Status **NEW FILINGS** <u>AMENDMENTS</u> Profit X Amendment ____Resignation of R.A. Not for Profit ____ Change of Registered Agent LLC ____ Revocation of Dissolution Domestication __ _ Conversion INC ___ Statement of Authority CORP ___ Merger $\mathbb{L}\mathbb{P}$ REVOCATION OF DISSOLUTION **OTHER FILINGS** REGISTRATION/QUALIFICATIONS __ Foreign Filing TRANSMITTAL LETTER Partnership Fictitious Name Reinstatement Statement of CORRECTION ____ Statement of Authority Domestication of a Foreign Corp. ____ APOSTIL _____COUNTRY Other EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243

Please use funds from the account Authorization Signature Willis & Oden, PL	
Business Name	#Document
Certified Copy	
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit LLC Domestication INC CORP LP	_XAmendmentResignation of R.AChange of Registered AgentRevocation of DissolutionConversionStatement of AuthorityMergerREVOCATION OF DISSOLUTION
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
TRANSMITTAL LETTER	Foreign Filing Partnership
Fictitious Name	Reinstatement
Statement of Authority	Statement of CORRECTION
	Domestication of a Foreign Corp.
APOSTILCOUNTRY	Other
EXAMINER'S INITIALS:	

COVER LETTER

TO: Registration Se Division of Cor			
Willis & O	den, PL		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Patrick Willis		
		Name of Person	
	Willis & Oden, PL		
		Firm/Company	
	390 N. Orange Avenue, Su	ite 1600	
		Address	
	Orlando, FL 32801		
	pwillis@willisharne.com	City/State and Zip Code	
	E-mail address: (1	o be used for future annual report not	fication)
For further information of	concerning this matter, please ca	all:	
Patrick H. Willis		407 903-9939	
Name o	of Person	at () Area Code Daytin	ne 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 Addre		Street Address:	ation
Registration Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ANAL TO ARTICLES OF ORGANIZATION OF 2025 JU - 1 Pil 2: 56

Willis & Oden, PL

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

(A FI	orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number L0300006875		and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Willis & Hame, PLLC		
The 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 applicables	:	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or regist agent and/or the new registered office address he		nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		, Florida
_	City	Zip Code
New Registered Agent's Signature, if changing Regis	stered 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
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Ađd
		□Remove	
			□Change
			□Add
		□Remove	
			□Change
		□Ađd	
		□Rcmove	
			□ Change
		🗀 Add	
		□Remove	
			□Change

Note:	tive date, if other than the date of filing: [fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date:	Signature of a member or authorized epresentative of a member
	Patrick H. Willis

Filing Fee: \$25.00