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EXAMINER



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## **COVER LETTER**

Division of Corporations						
SUBJECT:	Richard K. Bri	tton Law Offices, LLC				
Name of Limited Liability Company						
The enclosed Articles o	f Amendment and fec(s) are su	bmitted for filing.				
Please return all corresp	ondence concerning this matte	r to the following:				
	Richard K. Britton					
		Name of Person				
	Richard K. Britton Law Offices, LLC					
	Firm/Company					
	2124 Park Street					
	Address					
	Jacksonville, Florida 32204					
City/State and Zip Code						
	Rick@BrittonLawLLC.com					
		to be used for future annual report notifica	llion)			
For further information	concerning this matter, please of	call:				
Ric	hard K. Britton	at (_904_)3	89-1994			
Name	of Person	Area Code & Daytime T	Telephone Number			
Enclosed is a check for	the following amount:					
<b>✓</b> \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

TO:

**Registration Section** 

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

Richard K. Bri	tton Law Offices,	LLC	
( <u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appeanited Liability Company)	ers on our records.)	
The Articles of Organization for this Limited Liability Cor	npany were filed on	10/16/2003	and assigned
Florida document number L03000039748			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limite</u>	d liability company he	<u>re</u> :	
The new name must be distinguishable and end with the words 'L.L.C."	"Limited Liability Comp	any," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applicable:			<b>&gt;</b>
Principal office uddress MUST BE A STREET ADDRE	<u>SS)</u>	1	
Enter new mailing address, if applicable:		ŗ	
Mailing address MAY BE A POST OFFICE BOX)		<u></u>	
3			8: <b>57</b>
	<u> </u>		
3. If amending the registered agent and/or register registered agent and/or the new registered office address		our records, <u>enter t</u>	he name of the ne
egistered agent and/or the new registered office address	<u>ss nere</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street add	ress
		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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Matthew H. Hinson	2124 Park Street Jacksonville, FL 32204	Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets. if necessary.)	_
			_ _
Z			<del></del> 
Dated De	cember 9. 20  Figure of a member	or authorized representative of a member	
		ichard K. Britton	
-		or printed name of signee	

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Filing Fee: \$25.00