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## **COVER LETTER**

Registration Section Division of Corporations

TO:

The Welton	Law Firm, LLC							
SUBJECT:	Name of Lim	ited Liability Cor	mpany			<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	<u>z</u> .					
Please return all correspo	ondence concerning this matter	to the following	g;					
	Mark Welton							
		Name of I	Person					
	Welton Law Firm							
		Firm/Con	npany			<del></del>		
	1020 S Ferdon Blvd.							
		Addre	:88				~**	
	Crestview, FL 32536					· .	. 4	***
	mark@weltonlawfirm.com	City/State and	Zip Code				12.7 12.7	, , -
	E-mail address: (	to be used for fut	lure annual	report notifi	cation)		НУ	1 1
	concerning this matter, please c					STAT	M 7:47	
Mark Welton		850 at (		5-8312		<b>ा</b> गं	7	
Name c	of Person		Code	Daytime	Telephone ?	- Vumber		
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Mailing Address Registration : Division of C P.O. Box 632 Tallahassee.	Section Corporations 27		Divisio The Ce 2415 N	ddress: ation Sector of Corp entre of Ta I. Monroe assec, FL	orations allahassee Street, S		)	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Welton Law Firm, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{01/01/2005}{}$ \_\_\_ and assigned Florida document number \_\_\_\_\_\_\_L04000092090 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Welton Law Firm, PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name 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

## 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.

Circ

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	<u>Address</u>	Type of Action
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Typed or printed name of signee