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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
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PIECE DA 4: 04
SECRETARY OF STATE
TALL PROSESTATE

COVER LETTER

	istration Sec ision of Corp			•
SUBJECT:	Sperling Due	eker PLLC		
SUBJECT:	•	Name of Lim	ited Liability Company	
The enclosed	Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return	ali correspor	dence concerning this matter	to the following:	
		Aubrey Ducker		
			Name of Person	
		CPLS P.A.		
	Firm/Company 201 E. Pine Street, Suite 445			
			Address	
		Orlando, FL 32801		
		*** **********************************	City/State and Zip Code	
		aducker@cplspa.com		
For further in	formation co	ncerning this matter, please co	to be used for future annual report n	ottheation)
Aubrey Ducker		407 647-7887		
	Name of	Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25,00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2021 AUG 23 PM 4: 04

Zip Code

Sperling Ducker PLLC	SECRETARY OF STATE
(Name of the Limited Liability Compa (A Florida Limited I	SECRETARY OF STATE (ability Company)
The Articles of Organization for this Limited Liability Company Florida document number L05000003351	were filed on $\frac{6-29-2018}{}$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Aubrey Law PLLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	201 E. Pine Street Suite 445
(Principal office address MUST BE A STREET ADDRESS)	Orlando FL 32801
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. 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 name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
1	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			Change
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			Remove
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Effective date, if other than to (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	block does no	ot meet the applic	able statutory f	(0 or more than 90 days a lling requirements,	after filing.) Pursuant	to 605.0207 (oc listed as ti
ne record specifies a delayed effectord is filed.	tive date, but r	not an effective t	ime, at 12:01 a.	m. on the carlier of	(b) The 90th day	y after the
Dated April 28		2021		11/		
			S#	11	1	
		a member or auth	<u> </u>	ive of a member		_

Filing Fee: \$25.00

Typed or printed name of signee