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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT:	elaw Office Name of Lim	of Patherine Sited Liability Company	chrouss Naugle, P.L.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
The enclosed Articles of Amendment and fee(s) are submitted for tiling. Please return all correspondence concerning this matter to the following: Company Compan			
	Dax, FL Knauge (City/State and Zip Code City/State and Zip Code Code	ication)
For further information of			
Name o	of Person	at () Area Code Daytime	Pame of Person Ca of Lathering Wayle Fini/Company Set St. Address 87204 Vistate and Zip Code Sed for future annual report notification) at (
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Section Corporations		porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Law Office of Katherine Schnauss Naugle, P.L.

(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		1-26-01	and assigned
Florida document number <u>L070001089</u> 47)		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	LLC ility Company," the design	nation "LLC" or the abbre	patioL.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		75	2
		<u> </u>	ω
			3 11
Enter new mailing address, if applicable:		. STA	<u>8</u> 0
(Mailing address MAY BE A POST OFFICE BOX)	1-	H.	
	-		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our reco	rds, <u>enter the name of</u>	f the new registered
New Registered Office Address:	Enter Florida :	street address	
		Elonido	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my provided for in Cha _l	duties, and I am fam pter 605, F.S. Or, if t	iliar with and his document is

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
	- 		🖸 Add
			□Remove
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(If an effect Note: If	e date, if other than the tive date is listed, the date mu the date inserted in this b it's effective date on the I	st be specific a lock does not	nd cannot be prio meet the appli	cable statutory fi	more than 90 day	(optional) s after filing.) s. this date	Pursuant to will not be	605.0207 (3 listed as th
the record : cord is tiled	specifies a delayed effecti d.	ve date, but ne	ot an effective	ime, at 12:01 a.n	n, on the earlier	of: (b) The	90th day	after the
Pated	6-15	7/1	202	<u>O</u> .				
		///						_
	0010	Signature or a	a member or auth	norized representat	ive of a member			

Filing Fee: \$25.00