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**EXAMINER** 



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## **COVER LETTER**

Division of Cor	rporations		
SUBJECT:	STROOP	LAW FIRM, L	. L.C.
	(Name of Lim	ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	William	n T. Stroop (Name of Person)	<b>\$</b>
	<del>- ,</del>	(Name of Person)	
	Ctana	Las Fin 116	
		(Firm/Company)	<u> </u>
	100 E	(Address)	te 209
		(Address)	
	St Au	gustine, FL 321	92
		(City/State and Zip Code)	_
For further information of	concerning this matter, please c	all:	
William	T. Stroop	at ( <u>904 - 484-</u> (Area Code & Daytime T	2159
(Name	of Person)	(Area Code & Daytime T	elephone 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)

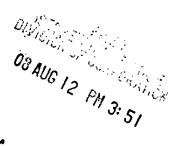
TO:

**Registration Section** 

MAILING ADDRESS: 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



STROOP 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 w	ere filed on May 23, Zoos and assigned				
Florida document number <u>LOB 0000 51740</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ty company here:				
Stroop LAW FIR. The new name must be distinguishable and end with the words "Limite	m. P.L.				
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation				
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 offic registered agent and/or the new registered office address here:	e address on our records, enter the name of the new				
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 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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

Florida

(Zip Code)

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

<u>itle</u>	<u>Name</u>	Address	Type of Action
			Add
•			<del></del>
•			Add Remove
			Add .
			Add
			AddRemove
			Add Remove
If amen	ding any other information, enter cha The specific pmpos less services.	ange(s) here: (Attach additional sheets, i	if necessary.)  16 pnorde
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ated	John 26, 20	ous .	
	Signature of a men	ber or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·

Page 2 of 2

Filing Fee: \$25.00