L08000101203

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SECRETARY OF STATE

J. BRYAN

FEB - 1 2009

EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT:	AW OFFICE, PLLC		
Sobsect.	****	nited Liability Company	.
	of Amendment and fee(s) are su	<u>-</u>	
	F	Francis M. Boyer, Esq.	_
		Name of Person	
Boyer Law Firm, PLLC			
		Firm/Company	
	<u></u>		
		Address	9 10 L
Jacksonville, Florida 32217 City/State and Zip Code			FIL 10 JAN 29 SECRETARY ALLAHASSI
•	fbc	•	N29 PH
	E-mail address:	oyer@boyerlawfirm.com (to be used for future annual report notification)	
For further information	concerning this matter, please	call:	1:56
	ancis M. Boyer	at (904) 236-5317	
Name	e of Person	Area Code & Daytime Telephone Numb	per
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy onal copy is enclosed)
Regi Divi: P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 shassee, 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

BOYER L	AW OFFICE, PLLO			
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appear Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability C	company were filed on	10/28/2008	and assigned	
Florida document number L08000101203	<u>_</u> .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company her	<u>e</u> :		
BOYER	LAW FIRM, PLLC			
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Compa	ny," the designation "l	LLC" or the abbreviatio	
Enter new principal offices address, if applicable:			i	
(Principal office address MUST BE A STREET ADDR	(ESS)			
			29 pm	
Futon many modifies address if and limble.		Ĭ		
Enter new mailing address, if applicable:	uz		SS	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regist	tered office address on o	our records, enter	the name of the nev	
registered agent and/or the new registered office add		, <u></u>		
Name of New Registered Agent:				
New Registered Office Address:				
-	Enter Florida street address			
	, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Title . **Type of Action** Name 1 Address Remove ☐ Remove ☐ Add Remove Add Remove Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The purpose for which this Limited Liability Company is organized is: PROFESSIONAL LEGAL SERVICES Signature of a member or authorized representative of a member Francis M. Boyer Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00