(Rec	questor's Name)	
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C. GOLDEN APR - 6 2019

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	Erras PLL Name of Limit		
Subject:	Name of Limit	ted Liability Company	·
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter t	o the following:	
	M.c.	Lac McDohalo Name of Person	<u>(</u>
		Name of Person	
	ي	Firm/Company	
		' '	
	160	090 NW 21 st S	street
	4	Address	
	Pen	broke Pircs Fr City/State and Zip Code lelifetreclaw obe used for future annual report notifica	L 33028
	buchan	City/State and Zip Code	Com
-	E-mail address: (to	o be used for future annual report notifica	tion)
For further information conc	erning this matter, please ca	II:	
M. chael 1	McDoxald	at (<u>954)</u> 661-5 Area Code Daytime To	203
Name of Pe	rson	Area Code Daytime To	dephone Number
Enclosed is a check for the fo	ollowing 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)

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

FILED

2019 HAR 29 PM 4: 09

Spring PII	(The state of the
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) A. 1/ 585
The Articles of Organization for this Limited Liability Company	were filed on $03/31/2009$ and assigned
Florida document number <u>L09000030982</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	vility company here:
Lifetree Law	PLLC
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."
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 o	ffice address on our records, enter the name of the new
registered agent and/or the new registered office address her	
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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
company has been notified in writing of this change.	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>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
			Add
			□ Remove
			Change
			Remove
			□ Change
			□ Add
			Change
			Remove
			Change
			D Add
			Remove
			Change
			Add
			□ Remove
			☐ Change

Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a 90th day after the record is filed.
Dated	March 25th . 2019
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00