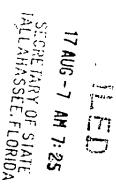
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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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COVER LETTER

TO:	Registration Section of Corp.		
C11D 1	Powers Law	•	
SUBJ	ECT:		ne of Limited Liability Company
The er	nclosed Articles of A	mendment and fee(s)	are submitted for filing.
Please	return all correspond	dence concerning the	is matter to the following:
		Melinda B. Power	 rs, Esq.
			Name of Person
		Powers Law Grou	II, LLC
			Firm/Company
		5800 Beach Boule	 gyard, Suite #203-337
			Address
		Jacksonville, Fl 32	 2207
			City/State and Zip Code
		consult@powerslg.	Į L
			address: (to be used for future annual report notification)
For fu	rther information cor	ncerning this matter,	please call:
Melin	da B. Powers, Esq.		904 357-0557 at ()
	Name of I	¹ erson	Area Code Daytime Telephone Number
Enclos	sed is a check for the	following amount:	
□ \$2	5.00 Filing Fee	■ \$30.00 Filing Fe Certificate of S	Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Registrat Division P.O. Box	GG ADDRESS: ion Section of Corporations . 6327 see, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32304

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Powers Law Group, LLC			
(Name of the L)	mited Liability Company : (A Florida Limited Liab	as it now appears on our records ility Company)	.)
The Articles of Organization for this Limited			and assigned
Florida document number 1.09000042056	<u> </u>		
This amendment is submitted to amend the fe	ollowing:		
A. If amending name, <u>enter the new nam</u>	of the limited liabilit	y company here:	
Powers Law Group, PLLC			
The new name must be distinguishable and contain th	e words "Limited Liability	Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if app			<u> </u>
Principal office address MUST BE A STR	<u>ĒET ADDRESS)</u> <u> </u>		A C C C C C C C C C C C C C C C C C C C
	_		VSSEE O
Enter new mailing address, if applicable:	_		
<u>Mailing address MAY BE A POST OFFIC</u>	<u>EBOX)</u>		
		e address on our records,	
Name of New Registered Agent:			
Name Banistanal Office Address			
New Negistered Office Address.		Enter Florida street address	
		Flo	rida
		City	Zip Code
New Registered Agent's Signature, if changin	Registered Agent:		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida			
	If Changin	g Registered Agent, Signature of	New Registered Agent

Page 1 of 3

If amending	g Authorized Person(s) authorized from our records:	 rized to manage, 	enter the title, name, a	nd address of each pe	erson being added
MGR = M					
<u>Title</u>	<u>Name</u>	Ad	<u>ldress</u>	,	Type of Action
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Law C. Dillo		-
Law Group, PLLC.		
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Effective date, if other than the dat	te of filling: (optional) specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.	020
	does not meet the applicable statutory filing requirements, this date will not be liste	
he record specifies a delayed ef The 90th day after the record	fective date, but not an effective time, at 12:01 a.m. on the earlie is filed.	er o
Dated September 20	2017	
Daned	Melinda B. Powers	
Sign	nature of a member or authorized representative of a member	
Melinda B. Powers		
The find D. Towers	Typed or printed name of signee	
	Page 3 of 3	
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