7/2/24, 11:55 AM

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FRESH LEGAL PERSPECTIVE, PL

Account Number : I20180000041 Phone : (813)448-1042

Fax Number : (813)484-3531

##Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Contact@FLPLawFirm.com | Contact

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FRESH LEGAL PERSPECTIVE, PL

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRESH LEGAL PERSPECTIVE, PL (Name of the Limited Link	oility Company as it now appears on our records.) ida Limited Liability Company)	<u> </u>
(A Flor	ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on November 9, 2009	and assigned
Florida document numberL09000107604	<del></del>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
		€ €2
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "LLC" or the a	bbreviation "LLC"
	, , , , , , , , , , , , , , , , , , , ,	(=: <b>1</b>
Enter new principal offices address, if applicable:		1
(Principal office address MUST BE A STREET ADE	ORESS)	2 [
		<del>-0 1:1</del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		9
B. If amending the registered agent and/or registered	ed office address on our records, enter the nam	e 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	
	. Fioriaa	
	City	Zip Code

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 605, 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 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

Title	<u>Name</u>	Address	Type of Action
AR	Isabella Otruba	6930 W Linebaugh Ave.	■Add
		Tampa, FL 33625	□Remove
			□Chang <b>e</b>
			□Add
			□Remove
			□Change
<del></del>			
			□Remove
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			☐ Change
<del></del>			□Add
			Remove
			CiChange

If amending any other info	rmation, enter change(s) here: (Attach additional sheets, if necessary.)	
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<del></del>		<del></del>
		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
		<del></del>
		<del></del>
Tiore: It the date inserted in the	the date of filing:	uant to 605,0207 (. ot be listed as th
e record specifies a delayed efferd is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	day after the
Dated June 28	. 2024	
March	after -	
	Signature of a member or authorized representative of a member	
Keathel W. Chaunce	ey, Esq.	
	Typed or printed name of signee	<del></del>

Filing Fee: \$25.00