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Division of Corp	porations		
SUBJECT: Underwood	Law, LLC		
		ited Liability Company	
The analoged Actions of a	Amendment and fee(s) are sub	united for filips	
Please return all correspor	ndence concerning this matter	to the following:	
	Robert R. Underwood II		
		Name of Person	~~~
	Underwood Law, LLC		
	 -	Firm/Company	
	4600 Touchton Road East	Building 100, Suite 150	
		Address	
	Jacksonville, Florida 3224	6	
		City/State and Zip Code	
	robert.underwood@msn.co		
	E-mail address: (to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please c	all:	
Robert R. Underwood II		at (877) 465-1350	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	S30.00 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	:	Street Address:	2024 SEC TA

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 9 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Underwood Law, LLC	
(Name of the Limited	Liability Company as it now appears on our records.) \[\text{Florida Limited Liability Company} \]
The Articles of Organization for this Limited Liab Florida document number 1.09000120102	bility Company were filed on 12/18/2009 and assigned
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	he limited liability company here:
Underwood Law, PLLC	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicab	błe:
(Principal office address MUST BE A STREET	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	OV)
maning address MAT BE ATOST OFFICE BO	<u></u>
Name of New Registered Agent:	gistered office address on our records, <u>enter the name of the new registered</u> here:
New Registered Office Address:	Enter Florida street address
	771 - 1
	, Florida
New Registered Agent's Signature, if changing Re	gistered Agent:

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			_ □Add
			_ □Remove
			_ Change
			_ □Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
			_ □Change
			_ □Add
		TALL AHAS	TO STREET
			The State of the

Signature of a member or authorized representative of a member

Typed or printed name of signee

Robert R. Underwood II