L10000001376

(Re	equestor's Name)	
(Ad	ldress)	
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, (Cit	ty/State/Zip/Phone	#)
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(Bu	isiness Entity Nam	ie)
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SECRETARY OF STATE
TALLAHASSEE ELOPIDA

TALLAHASSEE

S. HAWKES MAR 1 0 2010 EXAMINER

COVER LETTER

Division of Corporations					
SUBJECT:	Interactive Legal, LLC				
	Name of Limit	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
		Vicki Feeley			
		Name of Person			
	lr	ateractive Legal IIIC			
	Interactive Legal, LLC Firm/Company				
		· · · · · · · · · · · · · · · · · · ·			
	700	Banyan Trail, Suite 200			
		Address			
	D	D-t EL 22424			
	Boca Raton, FL 33431 City/State and Zip Code				
) if a				
	E-mail address: (t	eley@icanbenefit.com to be used for future annual report notifica	tion)		
For further information of	oncerning this matter, please c	all			
Tor further information of	oncerning tins matter, piease e	an.			
V	icki Feeley	at (561) 40	00-2245		
	f Person	at (561) 40 Area Code & Daytime T	elephone Number		
Enclosed is a check for the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

TO:

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

Inter	active Legal, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appear a Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	01/05/2010	and assigned
Florida document number L10000001376	·		<u>s</u>
This amendment is submitted to amend the following: A. If amending name, enter the new name of the line	nited liability company here		FILED FILED RAPESSEE, FISSEE, FISSEE, FISSEE
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compar	ny," the designation "L	Legathe Boreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reging registered agent and/or the new registered office ad		ur records, enter t	he name of the new
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

<u>Title</u>	Name	Address	Type of Action
MGRM	On Call Online, LLC	700 Banyan Trail Suite 200 Boca Raton, FL 33431	✓ Add ☐ Remove
<u>MGRM</u>	Shatz, Samuel G	700 Banyan Trail Suite 200 Boca Raton, FL 33431	ACT Somown
<u>MGRM</u>	Tucker, Stephen M	700 Banyan Trail Suite 200 Boca Raton, FL 33431	PHE RESOVE
MGRM	Shatz, Harold L.	700 Banyan Trail Suite 200 Boca Raton, FL 33431	Add✓ Remove
<u>MGRM</u>	Sugimoto, Diane R.	700 Banyan Trail Suite 200 Boca Raton, FL 33431	Add ✓ Remove
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if nece	Add Remove
Dated	March 4	2010 Lg St	
	Signature-of a me	mber of authorized representative of a member Samuel G Shatz	
	Ť,	yped or printed name of signee	

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Filing Fee: \$25.00