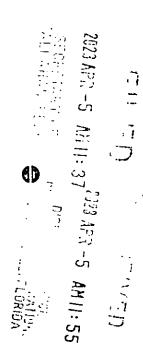
LICENCABIL

(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:
J. HORNE
APR - 6 2023

Office Use Only



300405617943





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	04/05/2023		
Name:	Ken How	ell	_
Reference	#:1957	511	_
		TONI SALC	PEK, RMR, LLC
	cles of Incorporation	/Authorization	to Transact Business
☐ Cha	inge of Agent		
☐ Rei	nstatement		
Con	version		
☐ Mer	ger		
Diss	solution/Withdrawal		
☐ Fict	itious Name		
_√-Oth	er	** CERTIFIE	D'COPY UPON'FILING"**
-			
Authorized	Amount:	\$55.00	
Signature:			

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	04/05/2023	
Name:	Ken Howell	_
Reference	#: <u>19</u> 57511	
Entity Name	e:TONIS	SALOPEK, RMR, LLC
Artic	les of Incorporation/Authoriz	ration to Transact Business
✓ Ame	ndment	
☐ Char	nge of Agent	
☐ Rein	statement	
Conv	version	
☐ Mero	ger	
Diss.	olution/Withdrawal	
☐ Fictit	tious Name	
 ✓ Othe	er** CEF	RTIFIED COPY UPON FILING **
Authorized	Amount: \$55.00	
Signature:		

F: +852.2682.9790

COVER LETTER

TO:Registration Se			
Division of Cor	porations		
Prose Court	t Reporting Agency, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Luke Kessel		
		Name of Person	
	K&L Gates LLP		
	-	Firm/Company	
	300 South Tryon Street, S	Suite 1000	
	<u>. </u>	Address	
	Charlotte, North Carolina	28202	
		City/State and Zip Code	
	luke.kessel@klgates.com		
	E-mail address: (to be used for future annual report notific	ation)
For further information of	concerning this matter, please o	all:	
Luke Kessel		704 331-7504	
Name o	of Person	at () Area Code Daytime 1	Celephone Number
Enclosed is a check for the	he following amount:		
	□ \$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,
323.00 Thing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
			· · · · · · · · · · · · · · · · · · ·
5.4 mt . 4.5 h		Street Address:	
Mailing Address Registration		Registration Sect	ion
Division of C		Division of Corne	

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
Tallahassee, FL 32303

ARTICLES OF AMENDMENT

TO

ARTICLES OF ORGANIZATION **OF**

Prose Court Reporting Agency, LLC		
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
he Articles of Organization for this Limited Liability Compa	any were filed on <u>06/17/2</u> 010	and assigned
lorida document number L10000065171		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited l	liability company here:	
oni Salopek, RMR, LLC		
he new name must be distinguishable and contain the words "Limited L	inbility Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered offigent and/or the new registered office address here:	ice address on our records, <u>enter tl</u>	ne name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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 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.

City

If Changing Registered Agent, Signature of New Registered 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 = M $AMBR = M$	länager Authorized Member	** "V	,
<u>Title</u>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
		 ~	□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			☐Add
			Change
			□ Remove
			[]Change
			□Add
			□Remove
			□ Change

None - just amending nam	•				
		<u> </u>		<u> </u>	
		, 		<u>.</u> .	
					
		·			· · · · · · · · · · · · · · · · · · ·
					
				· · ·	_ _
<u> </u>					
		-		 .	
				-	
		<u> </u>			
					
					<u> </u>
ective date, if other than (he date of filing:			(option:	al)
ective date, if other than (reflective date is listed, the date te: If the date inserted in this	nust be specific and cannot block does not meet	not be prior to date	of filing or more than	90 days after fill ements, this d	ing.) Pursuant to 605.020 ate will not be listed a
cument's effective date on the	Department of State	s records.		,	
cord specifies a delayed effer is filed.	tive date, but not an e	ffective time, at	12:01 a.m. on the e	arlier of: (b)	The 90th day after the
ted April 3	20	023			
	mSigned by:	<u> </u>			
ta	i M. Salopek Signature of a memi				
	Signature of a memi	ber or authorized r	epresentative of a me	moer	

Filing Fee: \$25.00