L10000088148

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COVER LETTER

TO:	Registration Sec Division of Corp			
eupis	CT.	Aegis Legal Center LLC		
SUBJE	C1:	Name of Limi	ited Liability Company	
The enc	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspon	ndence concerning this matter	to the following:	
			Craig Smith	
		Annuar - thorreson a	Name of Person	
			Firm/Company	
		1451		
Address Address				
			Fort Lauderdale, FL 33309	
City/State and Zip Code				
			erinemograthesquire@gmail.com to be used for future annual report notific	cation)
For fur	ther information c	oncerning this matter, please c	all:	
Coral Smolen		at (954)715-7801 Area CodeDaytime Tele		
	Name o	Person	Area Code Daytime Tele	phone Number
Enclose	ed is a check for th	e following amount:		
\$25	5.00 Filing Fee	□ \$30.00 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:

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

Aegis Legal Center LLC				
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)			
The Articles of Organization for this Limited Liability Co	• •			
and assigned Florida document numberL10000088148	8 <u>,</u>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation "LLC."			
Enter new principal offices address, if applicable:	77 KB			
(Principal office address MUST BE A STREET ADDRI	ESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on our records, <u>enter the name of the new</u> ess here:			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florida City Zip Code			
	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.

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 = Manager

AMBR = Authorized Member

Title Address **Type of Action** Name **MGR** Craig Smith 1451 W Cypress Creek Road, Suite 211 □ Add Fort Lauderdale, FL 33309 ☑ Remove ☐ Change AMBR Aggis Partners Ft Landerdal, Fl 33309 - Remove ☐ Change O HO Berger 1451 W Cypies, Clerk Road MOR Pt. landerdal, Fl 33309 ☐ Change □ Add □ Remove 25 Change Remove □ Change □ Add ☐ Remove □ Change

•		
Effec	tive date, if other than the date of filing:	0207 (
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listement's effective date on the Department of State's records.	d as t
he re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	er of:
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The	90th day after the record is filed. 1	9815
he re The Dated	90th day after the record is filed. 11 15 Separative of a member or authorized representative of a member 22 23 24 25 26 27 28 28 28 28 28 28 28 28 28	
The	Signature of a member or authorized representative of a member Cambridge Smith Typed or printed name of signee	9815

Filing Fee: \$25.00