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J. SAULSBERRY EXAMINER JUN 8 2011

COVER LETTER

TO: Registration Sec Division of Corp	orations				
• '	ernestellig i siste i opisioni. Lingua di C	Dr Luc			
SUBJECT: Kychlik	- Legel Bervice	Professional LLC			
	. vanie or Emili				
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspond	dence concerning this matter	to the following:	•		
	Casa Rycl	dik			
		Name of Person			
		Firm/Company			
	872 5 r	1 L King dr Bl.	r cl		
		Address		2 2	
	~~ 11 1				
	lallahessee,	FL 3236 1 City/State and Zip Code		JUN -2 MERARY	+ 8 -p
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BURTON AL COMPANIE	E-mail address: (to	o be used for future aphual report notifica	tion)	mg ≥	136
	ncerning this matter, please ca	•	,	AM 8: 07 OF STATES	
Por further information con	each of	dii.			
Cosm Red	n sik	at (\$50) 559-49	<u>ი</u> ვ		
Name of I	Person	at (450) 559-49 Area Code & Daytime T	elephone Number		
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60,00 Filing	z Fee.	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate C	of Status &	
		(additional copy is enclosed)		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

Rychlik Legal Scr	vices Professional	LLC	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears or ida Limited Liability Company)	on our records.	
The Articles of Organization for this Limited Liabil Florida document numberL\\0000 ZSC		28/11 and assigned	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the Rychlik Lau Firm, RLL. The new name must be distinguishable and end with the "L.L.C."	.C.	," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	::	Ä 22	
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)	<u></u>	UN-2 AM 8:07	
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, <u>enter the name of the new</u>	
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 Title <u>Name</u> Address **Type of Action** ___ Add Remove ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add ☐Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Purpose: Practice of Law 31 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00