L11000092579

(Requestor's Name)				
(Address)				
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
	 			

Office Use Only



500211778995

09/21/11--01010--023 **25.00

2011 SEP 21 AM 9: 45

T. CLINE SEP 2 2 2011

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Name Change for: Law offices of Robert Soft Cox, LLC Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Robert Scott Cox Name of Person
Law Offices of Robert Scott Cox, PL Firm/Company
122 5. Calhoun St. Address . Right E
Tallaha SSee FL 32301 City/State and Zip Code Cox @ Justic efor the Victim. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Scott Cox at (85) 561-1106 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 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

Name of the Limited Liability Cor	PROBERT SCOTT COX LLC Ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>LHOOO9257</u> .	pany were filed on $\frac{8-11-11}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited Law Offices of Robert The new name must be distinguishable and end with the words "L.L.C."	,
Enter new principal offices address, if applicable:	77A1
(Principal office address MUST BE A STREET ADDRESS	isi Za Ti
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SSEE. FLORIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, enter the name of the new s here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	, Florida
	City Zin 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ms $MGRM = 1$	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
		∑ S	Add Remove
		CRETARY CAHASSEE	Add Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessor)	5
_			
Dated C	7-8-11		- -
Dated		r or authorized representative of a member	
	Robert Scott	t or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00