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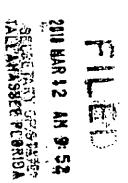
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J. HARRIS

COVER LETTER

	egistration Sectivision of Corp				
erib irzy		ALEKO, PLLC			
SUBJECT	: <u></u>	Name of Limi	ited Liability Company		
The enclose	ed Articles of A	mendment and fee(s) are subt	mitted for filing.		
Please retu	rn all correspond	dence concerning this matter t	to the following:		
		ROBERT SCOTT COX			
			Name of Person		
	COX AND KALEKO, PLLC				
Firm/Company					
	122 SOUTH CALHOUN STREET				
			Address		
	TALLAHASSEE/ FLORIDA 32301				
			City/State and Zip Code		
		E-mail address: (t	to be used for future annual report notition	cation)	
For further	information cor	ncerning this matter, please ca	alt:		
ROBERT	SCOTT COX		850 577-0296 at ()		
	Name of I	Person	Area Code Daytime	Telephone Number	
Enclosed is	s 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

COX AND KALEKO, PLLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	y were filed on 08/11/14	and assigned
Florida document number L11000092579		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
LAW OFFICE OF ROBERT SCOTT COX, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>- , , , , , , , , , , , , , , , , , , ,</u>
(Principal office address MUST BE A STREET ADDRESS)		≱ ∶≃
		20 mm
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE <u>BOX)</u>		
		3 9 (
		07 S
B. If amending the registered agent and/or registered of		s, enter the name of the new
registered agent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	s
	, FI	orida
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	TALLEY KALEKO	122 SOUTH CALHOUN STREET	Add
		TALLAHASSEE. FL 32301	■ Remove
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(If an effective Note: If the document's the record	date is listed, the date must be spe date inserted in this block do effective date on the Departm specifies a delayed effe day after the record is	ecific and cannot be prices not meet the applement of State's record	or to date of filing or m icable statutory filin is.	ore than 90 days after fig g requirements, this c	ling.) Pursuant to 60 late will not be list	ted as th
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Dated	3/5/18	, <u></u>	·			
_	Signat	ture of a member of put	horized representative	of a member		3
_	Ro	RERT Scott	Cov		WR 32	wine.
		Typed or prin	nted name of signee		70 3	Fi
		Pa _f	ge 3 of 3		9 S	-

Filing Fee: \$25.00