L12000030307

(Re	equestor's Name)	
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SECRETARY OF STATE
TAILAHASSEE FLORIDA

D. BRUCE
JAN 07
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CRUSC LAW Office PLLC 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:		
Michael Clouse Name of Person		
Firm/Company		
1321 Half Mun Trail		
JACKSONVILL, F1 32223 City/State and Zip Code	2019 JI SECR	***
mchael Clause ESQ amail Com E-mail address: (to be used for future ahnual report notification)		ğ
For further information concerning this matter, please call:	/ 	2 mars = 1
Michael Clause at (904) 327 4329 S Name of Person Area Code & Daytime Telephone Number	1: 29 TATE	42 48 mm
Enclosed is a check for the following amount:		
\$25.00 Filing Fee	,	

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crouse Law Office	e PLLC	
(Name of the Limited Liability (A Florida	y Company as it now appears on o Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Of Florida document number <u>L12000030307</u>	Company were filed on <u>3-2-7</u> 	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company," tl	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	A 50
		- C
		HO A
Enter new mailing address, if applicable:		SERY 4
(Mailing address MAY BE A POST OFFICE BOX)		mon 3. [1]
	-	29 1E 10)
B. If amending the registered agent and/or regis		ecords, enter the name of the new
registered agent and/or the new registered office add	<u>lress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	orida 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Type of Action Name Address** MGR Toni Crouse 1324 Half Moan Trail Add Jacksonille, Fl. 32223 Remove Treasurer Toni Crouse 1324 Half Moon Trail Add Jacksonville, Fl. 32223 Remove Remove Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
•	
	0 / 20 00/0
Dated _	December 30, , 20/2.
	Minhael vouse
	Signature of a member or authorized representative of a member
	Michael Crouse
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

2019 JAN 4 AM 1: 29
SECRETARY OF STATE