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## **COVER LETTER**

subject: <u>R</u> o	hdert Law 1 Name of Lim	OLLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	George K.	Rander + Name of Person	<del></del>
	Randert &	Mertimer, PLLC Firm/Company	<del></del>
	535 Cent	Address	
	St. Petersbu	<b>FL</b> 33701 - 3 City/State and Zip Code	3703
	SFord a ra E-mail address: (1	hder Haw.com	fication)
For further information co	oncerning this matter, please ca	ill:	
Sandi F Name of	Person	at ( <u>7∂7</u> ) <u>8∂3 -</u> Area Code Daytime	491 × 420 e Telephone Number
Enclosed is a check for th	e 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

TO:

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

Kahdert Law PLLC			
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appea Liability Company)	ers on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on _	12/23/2016	and assigned
lorida document number <u>L/2 0000 8/023</u> .			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liab	ility company h	ere:	
Rahdert & Mortimer, PLLC he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the	designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:			10.7
Principal office address MUST BE A STREET ADDRESS)	<del></del>	<u> </u>	£13
		_ :	• • •
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	··	•	(·)
	<u> </u>		5.3 ~4
. If amending the registered agent and/or registered of		our records, <u>enter tl</u>	ne name of the
egistered agent and/or the new registered office address here	· ·		
Name of New Registered Agent:			<del></del> -
New Registered Office Address:			
	Enter Floi	rida 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 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>	Address	Type of Action
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			Change
	<del></del>		
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