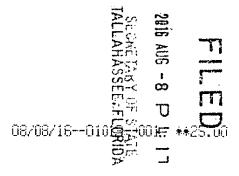
L12000097367

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COVER LETTER

	egistration Se ivision of Cor						
SUBJECT	The Law O	ffice of Christy L. Foley, LLC					
SUBJECT	-	Name of Lim	ited Liability Company				
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retur	rn all correspo	ndence concerning this matter	to the following:				
		Christy L. Foley, Esq.					
			Name of Person				
	Firm/Company						
	217 Lewfield Circle						
		Winter Park, Florida 32792	2				
			City/State and Zip Code	2016			
		ChristyFoley@Gmail.com	to be used for future annual report notificat	SCERE AUG			
For further	information co	oncerning this matter, please ca	•	ion) ASS - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 -			
Christy L. I	Foley, Esq.		407 739-8258 at ()	\$55 T			
	Name of	f Person		elephone 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 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

The Law Office of Christy L. Fol-	•	ow appears on our records.)	
(<u>: :am </u>	ited Liability Company as it n (A Florida Limited Liability C	ompany)	
The Articles of Organization for this Limited Florida document number L12000097367	Liability Company were fil	ed on July 27, 2012	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability con	<u>ıpany here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Compa	any," the designation "LLC" orth	e abbre viction "L.L.C."
Enter new principal offices address, if apple	,	All	
(Principal office address MUST BE A STRE	ET ADDRESS)		1 00
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered	l/or registered office add		ter the name of the ne
Name of New Registered Agent:	Christy L. Foley, Esq.		
New Registered Office Address:	217 Lewfield Circle		
		Enter Florida street address	-
	Winter Park		32792 , Zip Code
	City	, Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the	per and complete perform istered agent as provided	nance of my duties, and I a. I for in Chapter 605, F.S. (m familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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
MGR	Christy L. Foley, Esq.	217 Lewfield Circle	
		Winter Park, FL 32792	Remove
			Change
			Add
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change
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			A Remove A Remove
			Remove
			Add
			Remove
			□ Change

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Note: If the date	f other than the d s listed, the date must be inserted in this blocalive date on the Dep	k does not m	neet the appl	icable statut	ling or more that ory filing requi	opt 190 days afte rements, th	ional) r filing.) F is date w	oursuant to	605.0207 listed as
	cifies a delayed of after the recor		ate, but r	not an effe	ctive time,	at 12:01	a.m. oi	n the ea	arlier of
ated August 2		•	2016	·					
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Filing Fee: \$25.00