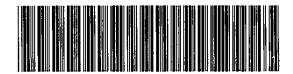
## L13000011351

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## **COVER LETTER**

	Registration Sect Division of Corpo		4.7	
	•	Sepulveres & Wright, L	LC	
SUBJEC	::	Name of Limite	d Liability Company	<del>.</del>
The enclo	osed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please re	turn all correspond	dence concerning this matter to	o the following:	
		Christopher Wright		
		· · · · ·	Name of Person	
		Rayfield, Sepulveres	& Wright	
			Firm/Company	
		33 E. Robinson St., S	Ste. 215	
			Address	
		Orlando, FL 32801		
		cwright@wrightlawfl.c	City/State and Zip Code	<del>.</del>
	•	E-mail address: (to	be used for future annual report notificat	ion)
For furth	er information cor	ncerning this matter, please cal	II:	
Christo	opher Wright		407 908-2509	
	Name of I	Person	at () Area Code Daytime Te	lephone Number
Enclosed	l is a check for the	following amount:		
<b>■</b> \$25.0	0 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

Rayfield, Sepulveres & Wright, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned L13000011351 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Rayfield, Sepulveres & Wright, PLLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida \_

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
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			P. STALE.
<del>.</del>			Add
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			Remove
			Remove
			Add
			Remove

of the business we trans	sact. The primary function of the compar	y is to
operate as a law firm.		
ctive date, if other than the da	ate of filing:	(optional)
ective date is listed, the date m	sust be specific and cannot be more than 90 days a	after filing.) (605.0207 (3
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