

L13000017425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

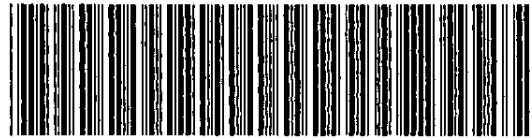
(Business Entity Name)

(Document Number)

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JULIA S. STAFF  
FALLAUSCOTT 08157

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J. SAULSBERRY  
EXAMINER  
MAR 12 2013

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Cloud Legal Services LLC  
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:

S. Tracy Long, Esq.  
Name of Person  
Manager, Cloud Legal Services LLC  
Firm/Company  
3839 NW Boca Raton Blvd Ste 200  
Address  
Boca Raton FL 33431  
City/State and Zip Code  
info@cloudlegalservices.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

S. Tracy Long at ( 954 ) 719-7900  
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FL 32301

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Cloud Legal Services 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 02/04/2013 and assigned  
Florida document number L13000017425.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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)**

980 N Federal Hwy Ste 311

Boca Raton FL 33432

**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*

City, Florida

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Cloud Legal Partners	980 N Federal Hwy Ste 311	<input checked="" type="checkbox"/> Add
		Boca Raton FL 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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CLERK OF DISTRICT COURT  
JUDICIAL CIRCUIT IN AND FOR  
NINTH JUDICIAL CIRCUIT  
PALM BEACH COUNTY, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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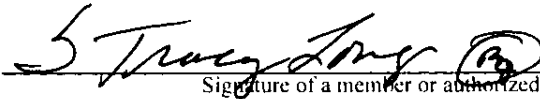
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Dated 5th day of March, 2013



Signature of a member or authorized representative of a member

S. Tracy Long

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE  
TALLAHASSEE, FLORIDA