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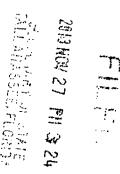
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

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:

Tom Pritchard

Name of Person

Cloud Legal Processing

Firm/Company

1515 S Federal HWY #305

Address

Boca Raton FI 33432

City/State and Zip Code

tom.p@cloudlegalprocessing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Pritchard

561 235-7980

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

Cloud Legal Services LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records lability Company)	_)
The Articles of Organization for this Limited Liability Company Florida document numberL13000017425	were filed on 2-4-2013	and assigned
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limited liab	pility company here:	
Cloud Legal Services PLLC		
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designati	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1515 S. Federal Hwy	
(Principal office address MUST BE A STREET ADDRESS)	#305	22 22 22 22 22 22 22 22 22 22 22 22 22
	Boca Raton FL 33432	>: 2 -n
Enter new mailing address, if applicable:	1515 S Federal Hwy	1 27
(Mailing address MAY BE A POST OFFICE BOX)	#305	Tr. I made
	Boca Raton FL 33432	
		ω σ
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
	Floric	
	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 **Type of Action** Title <u>Name</u> <u>Address</u> Add Remove Remove Add Remove Remove Remove

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary	.)
· T	he purpose for the business is: Legal Services	
 11-	-25 2013	
Jaicu		
	Signature of a member or authorized representative of a member	
	Tracy Long	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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