Department of Sta n of Corporation

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Division of Corporations

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Account Name : BRICKLEMYER LAW GROUP, P.L.

Account Number: I20160000028

Phone

: (813)229-7700

Fax Number : (813)255-2714

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Email Address: clayton@bricklawgroup.com

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COVER LETTER

	Registration Se Division of Cor					
CHD IEC		er Law Group, P.L.				
SUBJEC	.1:	Name of Lim	ited Liability Company			
The enck	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	turn all correspo	ondence concerning this matter	to the following:			
		Clayton Bricklemyer			20 TA	
			Name of Person		103 103 103 103 103 103 103 103 103 103	_
		Bricklemyer Law Group, I	P.L.		2021 JUN 17 AM 10: 00 SECRETARY OF STATE TALLAHASSEE FLORIO	-
			Firm/Company		7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	1
		4427 W. Kennedy Bouleve	ard, Suite 250		AH I	[
			Address		0 : C	
		Tampa, FL 33609			> O	
			City/State and Zip Code			
		clayton@bricklawgroup.co				
For furth	er information o	e-mail modress: (concerning this matter, please c	to be used for future annual report notifiall:	ication)		
Clayton	Bricklemyer		813 229-7700 at ()			
	Name o	of Person	<u> </u>	Telephone Number		
Enclosed	l is a check for t	he following amount:				
□ \$ 25,8	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	
	Malling Address Registration Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T	porations allahassee		
	Tallahassee,			e Street, Suite 81	0	

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bricklemyer Law Group, P.L.			
(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Li Florida document number L13000025298	ability Company	were filed on February 18, 2	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Name of the Limited Liability Comme (A Florida Limite (A Florida document number (L13000025298) This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited lise. The new name must be distinguishable and contain the words "Limited Lia 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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 4427 W. Ker Tampa New Registered Agent's Signature, if changing Registered Agent in the reby accept the appointment as registered agent and agent agent and agent agent and agent agent and agent ag	T ADDRESS)	4427 W. Kennedy Bouleva	rd, Suite 250
		Tampa, FL 33609	
Enter new mailing address, if applicable:			
• • • •	BOX)	4427 W. Kennedy Bouleva	ard, Suite 250
		Tampa, FL 33609	
~ ~ ~ ~	-	address on our records, <u>eo</u>	ter the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	4427 W. Kenn	edy Boulevard, Suite 250	
New Medicine Onice Mucitage		Enter Florida street ad	dress
	Tampa		, Florida <u>33609</u>
		City	Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the	er and complete stered agent as	performance of my duties provided for in Chapter 60	s, and I am familiar with and 05, F.S. Or, if this document is

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 well with the records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	K. Clayton Bricklemyer	601 N. Ashley Drive, Suite 700	
		Tampa, FL 33602	≣Remove
			□ Change
MGRM	K. Clayton Bricklemyer	4427 W. Kennedy Boulevard, Suite 250	🖼 Add
		Tampa, FL 33609	□Remove
			□Add
			□Remove
			Change
			□Add
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		(on	tional) ter filing.) Purswant to 605. his date will not be liste	.0207 ed as
fan el Note:	tive date, if other than the date of filing: Hective date is listed, the date must be specific and cannot be prior to date of If the date inserted in this block does not meet the applicable statument's effective date on the Department of State's records.	filing or more than 90 days aff story filing requirements, t		
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