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COVER LETTER

TO: Registration Section **Division of Corporations** Halifax Law Firm, 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: Jane Park Name of Person Halifax Law Firm, LLC Firm/Company 1301 Beville Rd. Suite 17 Address Daytona Beach, FL 32119 City/State and Zip Code janepark@stepniaklaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jane Park Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee ■\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327¹¹ Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Halifax Law Firm, LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our rec ed Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Compa	any were filed on 4/24/2013	and assigned	
Florida document number L13000060193			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company here:		
The new name must be distinguishable and end with the words "L'L.L.C."	imited Liability Company," the des	ignation "LLC" or the abbreviation	
L.L.C.		20	
Enter new principal offices address, if applicable:		2013) SEC	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
		2A - 2	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	 	M 1: 32	
	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	office address on our record	s, enter the name of the ne	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		lorida	
	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 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>	Address	Type of Action
MGR	Jane Park	1301 Beville Rd.	Add
		Suite 17	Remove
		Daytona Beach, FL 32119	<u>)</u>
MGR	Robert Stepniak	1301 Beville Rd.	Add
		Suite 17	Remove
		Daytona Beach, FL 32119)
	<u> </u>	TARASSES FOR LORIO	Remove.
			Add Remove
			Add Remove
			Add Remove

). If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	4/29, 2013.
	Signature of a member or authorized representative of a member
	Jane Park
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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