# L13000060193

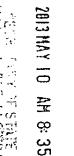
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J. SAULSBERRY EXAMINER

MAY 13 2013

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: 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:

**BH Service** 

Name of Person

Halifax Law Firm, LLC

Firm/Company

520 S. Peninsula Unit 1C6

Address

New Smyrna Beach, FL 32169

City/State and Zip Code

rstepesq@gmail.com

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

For further information concerning this matter, please call:

**BH Service** 

<sub>4</sub>,386,334-6460

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

Halifax Law Firm, LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our rec- Liability Company)	ords.)		
The Articles of Organization for this Limited Liability Company Florida document number L1300060193	were filed on April 24, 201	3	and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company," the design	gnation "LLC	" or the	abbreviation
Enter new principal offices address, if applicable:	520 S. Peninsula	1. 2 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	2013	
(Principal office address MUST BE A STREET ADDRESS)	Unit 1C6	<u></u>	*	[7]
	New Smyrna Beach, Fl	L 32169 :		1
Enter new mailing address, if applicable:	520 S. Peninsula	2 \ 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	AH 8	
(Mailing address MAY BE A POST OFFICE BOX)	Unit 1C6	4 <u>2</u> 50	ယ္	
	New Smyrna Beach, F	L 32169	_	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		, enter the	name (	of the nev
New Registered Office Address:	Enter Florida s	street addres:	5	
	, FI	orida		
	City		Zip Cod	е

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>	<u>Address</u> <u>T</u>	ype of Action
MGR	Jane Park	1301 Beville Rd. Suite 17	Add
		Daytona Beach, FL32119	Remove
MGR	BH Service	520 S. Peninsula	Add
		Unit 1C6	Remove
		New Smyrna Beach, FL 32169	
MGR	Robert Stepniak	1301 Beville Rd. Suite 17	Add
		Daytona Beach, FL 32119	Remove
			Add Add Remove 35
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			Remove  Add Remove

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Page 3 of 3

Filing Fee: \$25.00

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