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	ision of Cor		•	
SUBJECT:	Primelegal	of Volusia, LLC		
SCHOLC I.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Jane Park		
			Name of Person	
		Stepniak and Park		
			Firm/Company	
		150 S. Palmetto Ave., Suite	e 100	
			Address	
		Daytona Beach, FL 32114		
			City/State and Zip Code	
		service.janepark@gmail.cor		
			to be used for future annual report notific	cation)
For further in	aformation co	oncerning this matter, please ca	all:	
Jane Park			386 253-4750 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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

(Name of the Limi	ted Liability Compa (A Florida Limited l	iny as it now appears on our Liability Company)	r records.)
The Articles of Organization for this Limited L	iability Company	were filed on <u>04/24/201</u>	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, <u>ent</u> er the new name o	of the limited liab	ility company here:	
Law Offices of Stepniak and Park, LLC			
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		150 S. Palmetto Ave.	
		Suite 100	
		Daytona Beach, FL 321	114
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		150 S. Palmetto Ave. Suite 100	
		Daytona Beach, FL 321	14
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	ffice address her Jane Park		
	Daytona Beach	ı	, Florida ³²¹¹⁴
	 	Citv	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 605, 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BH Service	109 Opal Hill Circle	
		Daytona Beach, FL 32124	Remove
			☐ Change
MGR	Jane Park	150 S. Palmetto Ave., Suite 100	■ Add
		Daytona Beach, FL 32114	□ Remove
			Change
MGR	Robert Stepniak	150 S. Palmetto Ave., Suite 100	Add
		Daytona Beach, FL 32114	□ Remove
			Change
			🗀 Add
			Remove
			□ Change
			□ Add
			Change
			Remove Change

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ote: If the	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at date inserted in this block does not meet the applicable statutory filing requirements effective date on the Department of State's records.		
	specifies a delayed effective date, but not an effective time, at 12:0 h day after the record is filed.	01 a.m. on th	e earlier o
ated	3/17/17,		
		en col escap escap	
-	Signature of a member or authorized representative of a member		
	Jane Park Typed or printed name of signee	TARY TO	_m
		*	i 1 1
-	Typed or printed name of signee	- R >	
-	Typed or printed name of signee	A II: 39 OF STATE OF LORIDA	Ö

Filing Fee: \$25.00