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SEP 0 9 2015 J SHIVERS



August 25, 2015

PHILIP BARTLERR 2 S BISCAYNE BLVD SUITE 3760 MIAMI, FL 33131

SUBJECT: BARTLETT LEGAL, PLLC

Ref. Number: L13000086773

We have received your document for BARTLETT LEGAL, PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 315A00017920

COVER LETTER

TO: Regi Divi:	stration Sectionsion of Corpor	rations -		* \$
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SUBJECT: .			ted Liability Company	The state of the s
The enclosed	Articles of Am	nendment and fee(s) are subr	nitted for filing.	
Please return	all corresponde	ence concerning this matter t	to the following:	
		Philip Bartlett		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
Division of Corporations The Bartlett Law Group, PLLC. Name of Limited Lail The enclosed Articles of Amendment and fee(s) are submitted in Please return all correspondence concerning this matter to the final philip Bartlett Philip Bartlett Aliani, FL 33131 City/A City/A For further information concerning this matter, please call: Philip Bartlett Name of Person Enclosed is a check for the following amount: \$\begin{align*} \text{Submitted Lail} \text{Name of Person} \text{Enclosed is a check for the following amount:} \$\begin{align*} \text{Submitted Lail} \text{Name of Person} \text{Enclosed is a check for the following amount:} \$\begin{align*} \text{Submitted Lail} \text{Name of Person} \text{Enclosed is a check for the following amount:} \text{Submitted Lail} \text{Submitted Lail} \text{Name of Person} \text{Enclosed is a check for the following amount:} \text{Submitted Lail} \text{Submitted Lail} \text{Name of Person} \text{Enclosed is a check for the following amount:} \text{Submitted Lail} \text{Submitted Lail} \text{Name of Person} \text{Enclosed is a check for the following amount:} \text{Submitted Lail} \text{Submitted Lail} \text{Name of Person}	Firm/Company			
Firm/Company 2 South Biscayne Boulevard, Suite 3760 Address Miami, FL 33131				
Medicina i	,;	Miami, FL 33131	Address	
gia Biri was	ikanista (h. y. 1924) 18 - Alexandria (h. 4)		City/State and Zip Code	
., ,	• ,	E-mail address: (t	o be used for future annual report n	otification)
For further in	formation cond	erning this matter, please ca	111:	
Philip Bartlet	t		305 998-7504	
	Name of Po	erson	Area Code Day	time Telephone Number
Enclosed is a	check for the f	ollowing amount:		
■ \$25.00 F1	ling Fee		□ \$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

BARTLETT LAW GROUP, PLLC

2 South Biscayne Boulevard Suite 3760 Miami, FL 33131 (305) 998-7504 (telephone) (888) 389-2037 (facsimile)

September 3, 2015

Justin Shivers
Regulatory Specialist II
Registration/Qualification Section
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Consent to Use of Name Bartlett Legal, PLLC

Mr. Shivers,

By this letter I acknowledge my permission, as the sole owner and shareholder and CEO of Bartlett Legal, P.A., to use the name Bartlett Legal, PLLC as the new name for The Bartlett Law Group, PLLC. According to my phone call with your office, this consent should satisfy the problem of the new name Bartlett Legal, PLLC being indistinguishable from Bartlett Legal, P.A. Aside from the fact that one is a PLLC and the other a P.A., as the sole owner and officer of both entities, I have no objection to the names being the same.

Please do not hesitate to contact me if you have any questions concerning the same.

Philip Bartlett, Esq.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Bartlett Law Group, PLLC	s.	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our recordility Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company we	ere filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:	: i	
A. If amending name, enter the new name of the limited liabilit	y company here:	
Eartlett-Legal, PLLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LL	C" or the abbreviation "L.L.C."
Enser new principal offices address, if applicable:		िं ज
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	SE SE
_		
Enter new mailing address, if applicable:	·	
(Violing address MAY BE A POST OFFICE BOX)		
·		>-
	:	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our recor	ds, enter the name of the ne
Name of New Registered Agent:	· 	
New Registered Office Address:	Enter Florida street addr	ಕುನ
·	, F	Clarida
	City _?	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	1	
hereby accept the appointment as registered agent and agree	to act in this capacity. I f	further agree to comply with the
provisions of all statutes relative to the proper and complete pe	erformance of my duties, a	and I am familiar with and
accept the obligations of my position as registered agent as pro	ovided for in Chapter 605	, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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 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	Membe	ľ

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Depa	does not meet the	applicable statutory t	(opt or more than 90 days afte iling requirements, th	ional) r filing.) Pursuar is date will not	nt to 605.020 . be listed a
e record specifies a delayed e The 90th day after the record		ut not an effectiv	e time, at 12:01	a.m. on the	earlier (
ated August 18	, 2015	·			

Page 3 of 3 Filing Fee: \$25.00