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## **COVER LETTER**

TO: Registration Section **Division of Corporations** 

DIYLAWSHOPPE, 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:

Philip F. Filosa, Esq.			
Name of Person			
Firm/Company			
2396 Jasmine Way			
Address			
North Port, FL 34287			
City/State and Zip Code	To-		
pfilosa@diylawshoppe.com		ω	2/174/14.
E-mail address: (to be used for future annual report notification)	≥落.	13 AUG	in the state of th
For further information concerning this matter, please call:	ASS ASS	22	g jagraphé is U
Philip F. Filosa866, 337.2592	m <sub>C</sub>	F	(Action
Name of Person Area Code & Daytime Telephone Number	LORIDA	一: 86	Addres.

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

DIYLAWSHOPPE, LLC		
( <u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our recorda Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabil	ity Company were filed on 8.19.2013	and assigned
Florida document number <u>L13000</u>	117,220	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
DIY LAW SHOPPE, LLC		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the desig	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable	;	R**
(Principal office address MUST BE A STREET A	DDRESS)	<u> </u>
		<u> </u>
		Em o
Enter new mailing address, if applicable:		Sign N
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	四年 景
		20 m
B. If amending the registered agent and/or r	egistered office address on our records	, enter the name of the new
registered agent and/or the new registered office	address here:	
N 6N 5 1		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
_		orida
	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 Changing Registered Agent, Signature of New Registered Agent

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 = Ma MGRM = N	R = Manager RM = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Remove
			<b>*</b>
			Add
			<b></b> 1
			Add
			Remove

amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
- <del></del>	8,20 2013
	THE STATE OF THE S
	Signature of a member or authorized representative of a member
	PHILIP F. FILDSA
	Typed or printed name of signee
	Page 3 of 3

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Filing Fee: \$25.00

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TALLAHASSEE. FLORIDA