## L13000143270

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## **COVER LETTER**

Division of Co	orporations			
ADSUM I SUBJECT:	LAW FIRM, P.L.			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles o	f Amendment and fee(s) are subi	nitted for filing.		
Please return all corresp	ondence concerning this matter t	to the following:		
	GUST G. SARRIS, ESQ.			
		Name of Person	····	
	ADSUM LAW FIRM, P.L.			
		Firm:Company		
	1301 RIVERPLACE BOU	LEVARD, SUITE 800		
		Address	···	
	JACKSONVILLE, FL 32207			
	GSARRIS@ADSUMLAWI	City/State and Zip Code FIRM.COM		
	E-mail address: (t	o be used for future annual report noti-	fication)	
For further information	concerning this matter, please ea	ill:		
GUST G. SARRIS		398-9510 at ()		
Name	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for	the following amount:			
S25.00 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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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



ADSUM LAW FIRM, P.L			7319 01. 25	PM 4: 11
(Name of the Limit	ed Liability Compa (A Fiorida Limited I	ny as it now appear Jiability Company)	rs on our records.)	<u> </u>
The Articles of Organization for this Limited L. Florida document number L13000143270	iability Company	were filed on 10.	/10 2013	and assigned
his amendment is submitted to amend the follo	owing:			
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company h	ere:	
The new name must be distinguishable and contain the w	ords "Limited Liabil	tity Company," the d	lesignation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1301 RIVERPLACE BOULEVARD, SUITE 800		
(Principal office address MUST BE A STREET ADDRESS)		JACKSONVILLE, FL 32207		
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>		JACKSONVIL	ACE BOULEVARI LE, FL 32207	D, SUITE 800
3. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	n our records, <u>en</u>	ter the name of the
New Registered Office Address:	1301 RIVERPL	ACE BOULEVA	RD, SUITE 800	
New Registered Vince Address.		Enter Flo	rida street address	
	JACKSONVIL	LE	, Florida	32207
		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 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

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	GUST G. SARRIS. ESQ.	1301 RIVERPLACE BOULEVARD	D Add
		SUITE 800	
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		JACKSONVILLE, FL 32207	
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fective date, if other than t	the date of filin	19:		(opti	(lene	
in effective date is fisted, the date rote: If the date inserted in this iscument's effective date on the	must be specitie an s block does not	id cannot be prior t meet the applica	odate of filing or mobile statutory filing	ore than 90 days after	filing.) Pursuant to 605	5.0207 ( led as t
record specifies a delay The 90th day after the r	yed effective ecord is filed	date, but not	an effective ti	me, at 12:01 a	a.m. on the earli	er of:
JULY 17		2019				
		11				
			ized representative			

Page 3 of 3

Typed or printed name of signec

Filing Fee: \$25.00