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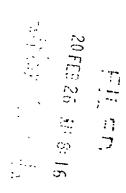
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TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
SUBJECT.		llers, Healy, Heath & Desmond	i, PLLC	
SUBJECT:		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:	
		Steve Sellers		
			Name of Person	
		Dudley, Sellers, Healy, He	eath & Desmond	
			Firm/Company	
		3522 Thomasville Road, S	uite 301	
			Address	
		Tallahassee, FL 32309		
			City/State and Zip Code	· · ·
		Steve@DSHattorneys.com		
		E-mail address: (to be used for future annual report n	otification)
For further in	nformation co	oncerning this matter, please co	all:	
Steve Sellers	S		850 583-3852	
	Name of	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address gistration S	_	Street Address:	Partion
_	_	orporations	Registration S Division of C	
). Box 632		The Centre of	

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/17/2013 Florida document number L13000173925	and assign	
		ned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability company here:		
Dudley, Sellers, Healy & Heath, PLLC		
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C	C."
Inter new principal offices address, if applicable:	271	
Principal office address MUST BE A STREET ADDRESS)	-, 8	
	، اِمَا در	
	: :55	
nter new mailing address, if applicable:	~.·	-
Mailing address MAY BE A POST OFFICE BOX)		- }
The state of the s		
		

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:

oi removeu	iron our records.		
MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			🗆 Add
			🗆 Remove
			□Change
			□ Add
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			□ Remove
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			□Remove
			_ □Change
			□Add
			□Remove

_____ □Change

	20
rective date, if other than the date of filing: 101/30/2020 101/30/2	
	12:01 a.m. on the earlier of: (b) The 90th day after the
ecord specifies a delayed effective date, but not an effective time, at is filed. ted February, 19	12:01 a.m. on the earlier of: (b) The 90th day after the

Filing Fee: \$25.00