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COVER LETTER

TO: Registration So Division of Con			
Law Office	e of Justin Rundle Esq PLLC d	/b/a Rundle Law	
	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub	•	
Please return all correspo	ondence concerning this matter	to the following:	
·	Justin Rundle		
		Name of Person	
	Law Office of Justin Runo	lle Esq PLLC d/b/a Rundle Law	
		Firm/Company	
	One NE 2nd Ave, Suite 20	00	:
		Address	155 6
	Miami, FL, 33132		一种
	rundle.justin@gmail.com	City/State and Zip Code	FILED 28 PH. FISHER, F
	E-mail address: (to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	ORNE OR
Justin Rundle		786 452-0283	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he 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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Fallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Law Office of Justin Rundle Esq PLLC			
(Name of the Limited) (A	Liability Compa Florida Limited	any as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liabi	ility Company	were filed on February 18	, 2014 and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	<u>e limited liab</u>	oility company here:	SECRETALLA
The new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the designation '	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:		mg , D
(Principal office address MUST BE A STREET A	ADDRESS)	One NE 2nd Ave, Suite 20	00 EST W
		Miami, FL, 33132	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	One NE 2nd Ave, Suite 20 Miami, FL, 33132)0
B. If amending the registered agent and/or registered agent and/or the new registered office			ords, enter the name of the new
Name of New Registered Agent:	Justin Rundle		
New Registered Office Address:	One NE 2nd A	ve, Suite 200	
		Enter Florida street ac	ddress
_	Miami		, Florida <u>33132</u>
		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

Juston Rudle

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>	<u>Address</u>	Type of Action
MGRM Justin Rundle	Justin Rundle	One NE 2nd Ave. Suite 200	
			□ Remove
			Change

			☐ Remove
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			Remove
			Change
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		RETARY E	
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an ef	ive date, if other than the date of filing:
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e re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ocun e re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o

Page 3 of 3

Filing Fee: \$25.00