L14000036175

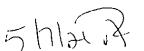
(Re	equestor's Name)		
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COVER LETTER

	ration Se on of Cor	ction porations			
SUBJECT:	onolly Leg	gal. PLLC			
SOBJECT: _		Name of Lin	nited Liability Company		
The enclosed Ar	rticles of .	Amendment and fee(s) are sub	omitted for filing.		
Please return all	correspo	ndence concerning this matter	to the following:		
		Matthew Conolly			
			Name of Person		
		Conolly Legal, PLLC			
			Firm/Company		
		14180 Greentree Dr			
			Address		
		Wellington, FL 33414			
		<u> </u>	City/State and Zip Code		
		conolly.m@gmail.com			
			to be used for future annual	report notification)	
For further infor	mation ec	oncerning this matter, please c	all:		
Matthew Conoll	ly	215 805-7241 at (05-7241	
	Name of	Person	Area Code	Daytime Teleph	one Number
Enclosed is a ch	eck for th	e following amount:			
■ \$25.00 Filin	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
	g Address		Street A		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Conolly Legal, PLLC (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 $\frac{03/03/14}{2}$ Florida document number L14000036175 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: South Florida Legal, PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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
			🗀 Add
			□Remove
			□Change
			□Remove
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F. Effective date, if other than th	e date of filing:	(optional)
(If an effective date is listed, the date me Note: If the date inserted in this I document's effective date on the I	block does not meet the applicable sta	(optional) of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 autory filing requirements, this date will not be listed as the
If the record specifies a delayed effecti record is filed.	ive date, but not an effective time, at 1	12:01 a.m. on the earlier of: (b) The 90th day after the
Dated March 14	2021	
Mattle (
, =3	Manature of a member or authorized re	presentative of a member
Matthew Conolly (

Filing Fee: \$25.00

Typed or printed name of signee