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SÉCRETARY OF STÁTÉ : TALLAHASSEF, FLORIDA

## **COVER LETTER**

TO: Registration Secti Division of Corpo				
SUBJECT: Barton C.	Mercer, PLLC			
	Name of Limi	ted Liability Company		
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	Barton C. Mercer, E	<del></del>	<del></del>	
		Name of Person		
	Barton C. Mercer, P	-11		
		Firm/Company		-e-1
	1781 Goodrich Aver	nue		6 ACC
		Address		16 OCT 31
	Winter Park, FL 32			<u>م</u> م
		City/State and Zip Code		in co
	barton@bcmesq.co E-mail address: (1	m to be used for future annual report notific	cation)	
For further information con-	cerning this matter, please ca	dl:		AH 7: 50
Barton C. Mercer	awa n	at ( 239 ) 659 - 4000 Area Code Daytime	Telephone Number	
Name of 1	EISOH	Alea Code Dayume	reiephone Numoei	
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,	
1 325.00 Filing Fee	Certificate of Status	Certified Copy	Certificate of Status &	
		(additional copy is enclosed)	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

Barton C. Mercer, PLLC (Name of the Limited Lia) (A Flor	bility Company as it now appears on rida Limited Liability Company)	our records,)	
The Articles of Organization for this Limited Liability	y Company were filed on 03/1	1/2014 and assign	ned
Florida document number <u>L14000041261</u>	·		
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the li	imited liability company here:		
Guardian Law, PLLC			
The new name must be distinguishable and contain the words "I	Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C	3."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		<u> </u>
			60 / F
			9
Enter new mailing address, if applicable:			<u>의</u> 경찰
(Mailing address MAY BE A POST OFFICE BOX)			
		····	1. 50 1. 50
			55
B. If amending the registered agent and/or re- registered agent and/or the new registered office a-		r records, enter the name of	the new
TO STATE OF THE PARTY OF THE PA	333 555 345 5		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	treet address	
		, Florida	
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Change
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_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_
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Note:	ive date, if other than the date of filing:	05.0207 (3)(b) sted as the
ne red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl 90th day after the record is filed.	ier of:
Dated	10/27/16.	
	- Common of the	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00