L14000043810

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COVER LETTER * * * * *

TO: Registration Security Division of Corp	
SUBJECT: Acker	man Law Group, PLLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspon-	dence concerning this matter to the following:
	laces C. Ackesses
	Jason S. Ackerman
	Name of Person
	Ackerman Law, PLLC
	Firm/Company
	4041 NW 2nd Terr.
	Address
	Boca Raton, FL 33431
	City/State and Zip Code
	ack11@bellsouth.net
	E-mail address: (to be used for future annual report notification)
For further information con	ncerning this matter, please call:
Jason Acker	rman at (561) 703-8305 Person Area Code Daytime Telephone Number
Name of I	Person Area Code Daytime Telephone Number
Enclosed is a check for the	e following amount:
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ackerman Law Group, PLLC			
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co Florida document number <u>L14000043810</u>	ompany were filed on March 3, 2014	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
Ackerman Law, PLLC			
The new name must be distinguishable and end with the words "Limi	ited Liability Company," the designation "LLC" or the al	bbreviation "L.L.C."	_
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	ESS)	255 🚅	_
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Enter new mailing address, if applicable:		mic m	
(Mailing address MAY BE A POST OFFICE BOX)	- 		100.077 8 3
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B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		the name of the	new
			
Name of New Registered Agent:			_
New Registered Office Address:	Enter Florida street address		
	, Florida	7in 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Ms $AMBR = As$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00