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## **COVER LETTER**

Stratford L	aw Group, LLC		
SUBJECT:	Name of Limi	ited Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Debra L. Feit		
		Name of Person	
	Stratford Law Group, LLC		
	<del></del>	Firm/Company	
	401 East Las Olas Blvd.;	Suite 1400	
		Address	
	Fort Lauderdale, FL 3330	01	
	debra@slgfl.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information c Debra L. Feit	oncerning this matter, please c	954 995-5400	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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)

Mailing Address:

Registration Section

Division of Corporations

TO:

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stratford Law Group, LLC (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 \_ and assigned Florida document number L14000077631 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Stratford Law Firm, LLC 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 , Florida \_ 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 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
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Effective date, if othe fan effective date is listed, Note: If the date inserte document's effective da	the date must be specific ed in this block does n	and cannot be prior to t meet the applica	o date of filing or more ble statutory filing re	(optional than 90 days after filin equirements, this dat	g.) Pursuant to 605,0207
e record specifies a delayed is filed.	yed effective date, but	not an effective tir	ne, at 12:01 a.m. on	the earlier of: (b) 1	he 90th day after the
February 15		2021			
Dated		· <i>_</i>	_ ·		
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