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COVER LETTER

TO: Registration Section Division of Corporations			ction porations	•		n
crin te	com:	Bankruptcy	Solutions, PLLC		*	
SUBJE	CI:		Name of Lim	ited Liability Company		
			Amendment and fcc(s) are sub	_	·	
			Richard A. Egozcue		e ,	
				Name of Person		-
			Bankruptcy Solutions, PLI	.c		
			-	Firm/Company		_
			P.O. Box 2717			
				Address		
			Land O' Lakes, FL 34639			1
			ricardo3654@gmail.com	City/State and Zip Code	**************************************	- AR -2
			E-mail address: (to be used for future annual repo	ert notification)	P Figh
For furt	her in	formátion c	oncerning this matter, please ca	all:		# 29 # 29
Richard	I A. E	gozcuc		813 440-00 at (146	PH 1:39
	•••	Name of	f Person		Daytime Telephone Numbo	er
Enclose	d is a	check for th	ne following amount:			
\$25.00		00 Filing Fee & Certificate of Status		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	i) Certifie	ate of Status &
		,		(m) 5 = 10	OVER A PERSON	·

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**

Bankruptcy Solutions, PLLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 06/02/2014	and assigned
Florida document number L14000088237		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Law Offices of Richard Egozcue, PLLC		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		1 200
		* * * * * * * * * *
Enter new mailing address, if applicable:	Law Offices of Richard Egozcue	2-2 P
(Mailing address MAY BE A POST OFFICE BOX)	PO BOX 2717	T TO
	Land O' Lakes, FL 34639	ي ن
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Pioriaa Street aaaress	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agen	City	ыр Соае

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 = Authórized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
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ffective da	ate, if other than the da	te of filing:	12:01am of N	farch 27, 2017	(optional)	
an effective	date is listed, the date must be date inserted in this block	specific and ca			nore than 90 days	after filing.) Pursua	
	effective date on the Depa			,	<i>3</i> - 1		
The 90th	specifies a delayed el n day after the record	is filed.				01 a.m. on the	earlier of:
ated	February 27 Right	· · · · · · · · · · · · · · · · · · ·	2017				
	Λ		_				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00