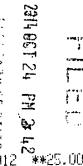
## L/4000/41/321

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT.	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	OCT 3 O 2016	
	A. LURT	

Office Use Only



000265705720



10/24/14--01011-012 \*\*25.00

## **COVER LETTER**

Division of Con			
The AtilusuBJECT:	us Law Firm		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	22
Please return all correspo	ondence concerning this matter	to the following:	現場 * PR
	Roslyne Atilus		28/4 BET 24 PH 2 42
	<u> </u>	Name of Person	
	Atilus Law Firm		
		Firm/Company	<del></del>
	10380 SW Village C	Center Dr #228	
		Address	<del></del>
	Port St. Lucie, FL 34	1987	
	·	City/State and Zip Code	
	info@atiluslawfirm.co		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
Roslyne Atilus		954 260-4703	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Atilus Law Firm, PLLC			
(Name of the Limited	Liability Company A Florida Limited Li	y as it now appears on ability Company)	
The Articles of Organization for this Limited Lia Florida document number 14000141321	bility Company v	vere filed on 9/10/	14 and assigned 5
This amendment is submitted to amend the follow	wing:		*se
A. If amending name, enter the new name of	the limited liabil	ity company here:	
Atilus Law Firm, PLLC			
The new name must be distinguishable and end with the w	ords "Limited Liabil	ity Company," the desig	mation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	10380 SW Villa	ge Center Dr #228
(Principal office address MUST BE A STREET	ADDRESS)	Port St. Lucie, I	FL 34987
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox)</u>	10380 SW Villa Port St. Lucie, I	ge Center Dr #228 FL 34987
B. If amending the registered agent and/o registered agent and/or the new registered offi			r records, enter the name of the nev
New Registered Office Address:	10380 SW V	illage Center Dr	#228
		Enter Florida s	treet address
	Port St. Lucie		, Florida <u>34987</u>
		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 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			The state of the s
			, o ⊂ Π Remove \
			P. P.
			Add Add
			Remove
			<del></del>
			Add
			☐ Remove
			Add
			Remove
		<del></del>	□ Add
			□ Remove
			Add
			☐ Remove

· 1		
effective date must be specific, canno	date of filing:  ot be prior to date of receipt or filed date and cannot be receipted approximately to the prior to date of State)	(optional) more than 90 days after
ective date, if other than the effective date must be specific, cannot date this document is filed by the Flo	ot be prior to date of receipt or filed date and cannot be r	(optional) nore than 90 days after

Page 3 of 3

Filing Fee: \$25.00