## L14000 16a6aa

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Cooling to the Cooling to the Cooli
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600265715746

10/27/14--01039--016 \*\*25.00

OCT 29 2014 J. HARRIS

## **COVER LETTER**

~	sion of Cor			
SUBJECT:	Harrell L	egal Ventures, LLC		
SUBJECT.	<del></del>	Name of Lim	ited Liability Company	<del> </del>
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	_	
			g.	
		Kelman Harrell		
			Name of Person	<del></del>
		<del></del>	Firm/Company	
		1970 E Osceola Par	kway, #45	
	1/5	• • • • • • • • • • • • • • • • • • • •	Address	, , , , , , , , , , , , , , , , , , ,
	Kis	simmee FL 34743		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	<del></del>
		kelman.harrell@gma	ill.com to be used for future annual report noti	Section)
For further in	formation c	oncerning this matter, please c	•	ileanon)
Kelman H	larrell		321 6938948	
	Name o	f Person		e Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
	Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	on
		ox 6327 assee, FL 32314	2661 Executive Ce Tallahassee, FL 32	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Harrell Legal Ventures, LLC				
( <u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appear ited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Comp	oany were filed on Oc	ctober 20, 2014	and assigne	ed
Florida document number L14000162622				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company he	re:		
Harrell Legal Ventures, PLLC				
he new name must be distinguishable and end with the words "Limited	Liability Company," the	designation "LLC" or the a	bbreviation "L.L.C	. **
Enter new principal offices address, if applicable:				uţi
Principal office address MUST BE A STREET ADDRESS	S)		75	30 <u>1</u> 2
			OCT OCT	U3
			₽,	- 1955 1955
Enter new mailing address, if applicable:			-n	- 82 - 34a
	_		<u>=</u>	
Mailing address MAY BE A POST OFFICE BOX)	<del></del>		<u> </u>	<u> </u>
			<u></u>	<del></del>
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address		our records, enter	the name of	the ne
Name of New Registered Agent:				<del></del>
				<del>'</del>
Name of New Registered Agent:  New Registered Office Address:	Enter Flori	ida street address	<u> </u>	<del></del>
	Enter Flori	ida street address , Florida	Zip Code	

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>	<u>Address</u>	Type of Action
		<del> </del>	☐ Remove
			<del> </del>
<del></del>		<del> </del>	Add
		<u></u>	☐ Remove
			Add
			□ Remove ⊻
			27 °F
	<del></del>		☐ Add ☐ Remoyre
			,,,
		_ <del></del>	□ Remove
		<del> </del>	Add
			Remove

Business Purpose: Pra	ctice of Law	
Effective date, if other than the da The effective date must be specific, cannot the date this document is filed by the Florio	nte of filing:  pe prior to date of receipt or filed date and cannot be performent of State)	(optional) not be more than 90 days after
October 20	2014	J
Si	gnature of a member or authorized representa	tive of a member
Kelman Harrell		
•	Typed or printed name of signe	4

Page 3 of 3

Filing Fee: \$25.00

126 DCT 27 PH 4: 48