U4000163437

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
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S. PRATHER

COVER LETTER

Division of Cor			
Law Offic	e of Cynthia M. Talton, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cynthia M. Leitz		
		Name of Person	
	Law Office of Cynthia M	. Leitz, LLC	
		Firm/Company	
	4618 Jamerson Place		
		Address	
	Orlando. Florida 32807		
		City/State and Zip Code	
	leitzlaw@att.net	to be used for future annual report notif	ication
For further information of	concerning this matter, please c		realion,
Cynthia M Leitz		407 330-8252	
Name (of Person	at () Area Code ——Daytime	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)

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

Law Office of Cynthia M. Talton, LLC

(Name of the Limited Liz (A Flo	ability Compa orida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liabilit Florida document number <u>L14000163437</u>			and assigned
This amendment is submitted to amend the following	ជ:		۲ : ۲
A. If amending name, enter the new name of the	≟ Ģ		
Law Office of Cynthia M. Leitz, LLC			. -
The new name must be distinguishable and contain the words	Limited Liabil	ity 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4618 Jamerson Place	
		Orlando, Florida 32807	
		P.O. Box 2855 Orlando, Florida 32802-2855	
B. If amending the registered agent and/or registered agent and/or the new registered office and/or registered of New Registered Agent:		<u>e</u> :	nter the name of th
	318 Jamerso	n Place	
N D			
New Registered Office Address: 46		Enter Florida street address	
New Registered Office Address:	rlando		la <u>32807</u>

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

Page 1 of 3

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
AP	Cynthia M Leitz	P.O. Box 2855	
		Orlando, FL 32802-2855	□ B. annova
			☐ Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			
		-	□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
		-	□ Remove
			□ Change

N/A		
		
·	- <u></u>	
		
* ***		
ective date, if other than the da	te of filing: (opt	ional)
effective date is listed, the date must be	specific and cannot be prior to date of filing or more than 90 days after does not meet the applicable statutory filing requirements, the	er filing.) Pursuant to 605.02
	ffective date, but not an effective time, at 12:01 is filed.	a.m. on the earlier
ne 90th day after the record		a.m. on the earlier
ne 90th day after the record	d is filed.	a.m. on the earlier
ne 90th day after the record	d is filed.	
ne 90th day after the record at the second a	d is filed.	

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Filing Fee: \$25.00