## L14000171889

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SECRETARY OF STATE TALLAHASSEE FLORIDA

FILED SECRETARY OF STATE STORE CORPORATIONS

JUN 0 1 2015 S MASON

## **COVER LETTER**

	gistration Se vision of Cor					
SUBJECT:		ndle & Associates, LLC				
SOBJECT.		Name of Lim	ited Liability Company			
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspo	ndence concerning this matter	to the following:			
		Pamela Randle				
	Name of Person					
	Pamela Randle & Associates, LLC					
	Firm/Company					
	7960 Baymeadows Way					
	Address					
	Jacksonville, Florida 32256					
			City/State and Zip Code			
	•	pamelarandle@yahoo.com	to be used for future annual report notifi			
For further is	nformation co	oncerning this matter, please ca	·	cation)		
Pamela Ran	dle		904 626-4635 at ()			
	Name of	f Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for th	ne following amount:				
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	Constitution 28	SECRETARY OF COL
	Registra Division P.O. Bo	ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions	AM 10: 12 OF STATE E. FLORIDA	OF STATE REORATIONS

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pamela Randle & Associates, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L14000171889	ility Company were filed on November 4, 2014	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable	le:	<del></del>
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter th	ne name of the nev
Name of New Registered Agent:	Sc.	2. 15. SE
-		A SE
New Registered Office Address:	Enter Florida street address	TARY OF COL
	City, Florida	Zin Code Su
New Registered Agent's Signature, if changing Reg	. Y	RATIO P: 12
provisions of all statutes relative to the proper accept the obligations of my position as registe.	gent and agree to act in this capacity. I further agree and complete performance of my duties, and I am fan red agent as provided for in Chapter 605, F.S. Or, if istered office address, I hereby confirm that the limit ange.	niliar with and this document is

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	John Kane	20 F Street 7th Floor	
		Washington D.C. 20001	■ Remove
			Change
Parent Cc	AmeriTrust Law Group, LLC	7960 Baymeadows Way	☐ Add
		Jacksonville, Florida 32256	Remove
<del></del>			Change
			🗖 Add
			☐ Remove
			Change
			Add
			□ Remove
			□ Change
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			Y OF STATE OF STATE ACT OF STATE ACT OF STATE
			☐ Remove
			☐ Change

to creat to create a subsidia	ry relationship with P	'amela Randle & Ass	sociates, LLC as a su	bsidiary of Amer	iTrust L
Group, LLC. That relations	ship is now dissolved.		· · · · · · · · · · · · · · · · · · ·		
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fective date, if other than the an effective date is listed, the date muote: If the date inserted in this becument's effective date on the I	e date of filing: ust be specific and cannot block does not meet th	e applicable statutor	g or more than 90 days		
e record specifies a delaye The 90th day after the rec	d effective date,	but not an effect	tive time, at 12:0	01 a.m. on the	e earlier o
ned May 18, 2	015,_	·		SECRETAI ALLAHAS	ECRETAR SION OF C

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00