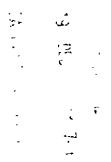
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JAN 29 2020

S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor			
subject: <u>S</u>	mith + Eulo Lav	w Firm PLLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	<u>D</u> a	Cryl Smith Name of Person	
	Smith +	Eulo Law Firm Firm/Company	
	32	N Kirkman Rd Address	
		Orlando, FL 328 City/State and Zip Code	
	dsmith @ E-mail address: ()	Smith and eulo. Cov	otification)
For further information c	oncerning this matter, please co		
Darry L. Name o	Smith f Person	at (<u>407</u>) Area Code Dayt	930 - 8912 ime Telephone Number
Enclosed is a check for the	ne 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 radditional copy is enclosed)
Mailing Addres Registration 5 Division of C	Section Corporations	Street Address: Registration S Division of C	orporations
P.O. Box 632	.7	The Centre of	`Tallahassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Smith + Eulo	Law Firm, PUC :
(<u>Name of the Limited</u> (7	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
	bility Company were filed on3/16/2015 and assigned
This amendment is submitted to amend the follow	
A. If amending name, enter the new name of t	the limited liability company here:
Smith + Eulo Law Firm:	Orlando Crininal Defense Lawyers PLLC rds "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u></u>
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new registe</u> s <u>here</u> :
Name of New Registered Agent:	Ken Eulo, Esq.
New Registered Office Address:	32 N Kirkman Rd Emer Florida street address
	Orlando Florida 32811 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 amonding 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		··	
			□Remove
			☐ Change
			□Add
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			□Change
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		· · · - <u>- · · · · · · · · · · · · · · ·</u>		
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reffective <u>te:</u> If the	ate, if other than the date of filing: date is listed, the date must be specific and cannot date inserted in this block does not meet the effective date on the Department of State.	ot be prior to date of filin he applicable statutory	g or more than 90 days after fi	ling.) Pursuant to 605,020
s filed.	cifies a delayed effective date, but not an e		a.m. on the earlier of: (b)	The 90th day after the
ed	December 26	2019		
	\sim / $^{\prime\prime}$	/ /X /		
-		per or authorized represen	ntative of a member	