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SECKETARY OF STAIL TALLAHASSEE, FLORIDA

K.SALY EKAMINER APR 16 2015

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: J ESLICH LAW LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MELINDA JANNETTE Name of Person
ESLICH LAW LLC Firm/Company
. 5/19 N. Tamiami Tail
Sarasota FL 34234 City/State and Zip Code
E-mail address (the be used for notification)
For further information concerning this matter, please call:
MELINDA JANNETTE at (941) 939 - 6145 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \$\Bigcup \\$55.00 Filing Fee & \$\Bigcup \\$60.00 Filing Fee, \$\Bigcup \\$certificate of Status & \$\Bigcup \\$(additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed) 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

FILED
2015 MAR 26 AM II: 50

ESCICH LAW (Name of the Limited Liability Compa (A Florida Limited)	LLC iny as it now appears on our record Liability Company)	SLUMETARY OF STATE SALI AHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{3/18/7}{2}$	2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	·
FL LAW GOOD	110	
The new name/must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	TH TAMIAMI TAIL
(Principal office address MUST BE A STREET ADDRESS)	SARASOTA	FL 34234
•		
Enter new mailing address, if applicable:	SAME AS	ABOVE
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the new
Name of New Registered Agent:		
	· ·	
New Registered Office Address:	Enter Florida street addres	'S
. . '	1731	aulda
	City , F1	orida 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

t carrie	rized Member being added or removed fron	<u>n our records</u> :	<u></u>	•	
MGR	=. Manager R= Authorized Member		FILED 2015 MAR 26 AM 11: 59	-ED	
<u>Title</u>	· <u>Name</u>	Address	TALLAHASSEE, FLORID	Type of Action	
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If amending any other information	, enter change(s) here: (Attach ad	dditional sheets, if necessary.)	
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Effective date, if other than the date (The effective date must be specific, cannot be	e of filing:	(optional)	
the date this document is filed by the Florida	Department of State)	innot be more than 90 days after	
Dated $\cdot \frac{3}{23}$	<u>, 2015</u> .		
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Filing Fee: \$25.00