## 115000107003

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## **COVER LETTER**

Division of C	Section Corporations		
Trial La	wyer Team, pllc		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	David Atchison		
		Name of Person	
	Trial Lawyer Team, pllc		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	501 N. Magnolia Avc.		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Orlando, FL 32801		
	did@a::11	City/State and Zip Code	
	david@triallawyerteam.com E-mail address: (	to be used for future annual report no	otification)
For further informatio	n concerning this matter, please co	all:	
Christi McCullars		321 662-5377	
Nam	e of Person	at () Area Code Dayt	me Telephone Number
Enclosed is a check for	r the 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

Trial Lawyer Team, pllc			
(Name of the Limited	I Liability Company as it now ap A Florida Limited Liability Compa	opears on our records.)	
The Articles of Organization for this Limited Lia Florida document number L15000107003		1 6/19/15	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability compan	ı <u>v here</u> :	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company,"	the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	'ADDRESS)		
		<u> </u>	
Enter new mailing address, if applicable:		<u></u>	<u> </u>
<u>(Mailing address MAY BE A POST OFFICE B</u>	<u>OX)</u>		
B. If amending the registered agent and/o registered agent and/or the new registered offi  Name of New Registered Agent:	ce address here:	s on our records, <u>enter</u>	the name of the no
New Registered Office Address:			
	Ente	r Florida street address	
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Re			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of the company has been notified in writing	r and complete performanc ered agent as provided for egistered office address, I h	re of my duties, and I am fa in Chapter 605 E.S. Or	amiliar with and if this document is ited liability

Page 1 of 3

If Changing Registered Agent, Signature of Saw Registered

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Orlando, FL 32801	□ Remove
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4 !	be specific and cannot	t be prior to date of fili	ng or more than 90	days after filing.	) Pursuant to 605.0
ective date, if other than the offective date is listed, the date must	ck does not meet th	e applicable statutor	ry filing requiren	nents, this date	will not be listed
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Filing Fee: \$25.00