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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

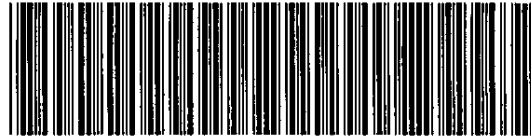
(Business Entity Name)

(Document Number)

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2016 SEP -8 A 9:47
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

SEP 09 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Four Rivers Law Firm PLLC

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:

Marshall Berner

Name of Person

Four Rivers Law Firm PLLC

Firm/Company

3140 W. Kennedy Blvd - Suite 150

Address

Tampa, Florida 33609

City/State and Zip Code

Marshall@fourriverslaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marshall Berner

813

773-5104

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP - 8 A 9:47

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Four Rivers Law Firm PLLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 10, 2015 and assigned
Florida document number H15000168637.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Marshall Berner

New Registered Office Address:

3140 W. Kennedy Blvd Ste 150

Enter Florida street address

Tampa

City

Florida 33609

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Dominick Maranzana		<input type="checkbox"/> Add
		3140 W. Kennedy Blvd. Ste 150 Ta	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joe Southron	3140 W. Kennedy Blvd. Ste 150 Ta	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Marshall Berner	3140 W. Kennedy Blvd. Ste 150 Ta	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 2008 SEP 8
 TALLAHASSEE, FLORIDA
 CLERK OF SUPERIOR COURT

2016 SEP - 8 A 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2016 SEP - 8 A 9:47
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 24, 2016

Signature of a member or authorized representative of a member

Dominick Maranzana - Outgoing Manager - Marshall Berner - Incoming Manager -

Typed or printed name of signee