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## **COVER LETTER**

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TO: Registration Se Division of Cor			Pox	The Control of the Co
	w Group, LLC		-7 <sub>,1</sub>	7 N
SUBJECT:	Name of Lim	ited Liability Company	<u></u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		J.
Please return all correspo	ondence concerning this matter	to the following:		
	Rishma D. Eckert, Esq.			
		Name of Person		
	Eckert Law Group, LLC			
	·	Finn/Company		
7451 Riviera Blvd. Ste. 119				
		Address		
	Miramar, Florida 33023			
	sich O a dua til	City/State and Zip Code		
	rishma@eckertlawgroup. E-mail address: (	to be used for future annual report notifi	cation)	
For further information of	oncerning this matter, please c	all;		
Rishma D. Eckert, Esc	<b>1</b> .	786 571-7858		
Name o	of Person		Telephone Number	
Enclosed is a check for t	he 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	Street Address: Registration Sect		
Division of C P.O. Box 632		Division of Corp The Centre of Ta		

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Eckert Law Group, LLC

(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 Lia	bility Company	were filed on 11	/20/2015	and assigned
Florida document number L15000200495	·			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	ility company her	<u>re</u> :	
Eckert Law, PLLC				
The new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	7451 Riviera Blvd. Ste. 119		
(Principal office address MUST BE A STREET		Miramar, Florid	a 33023	
				······
Enter new mailing address, if applicable:		7451 Riviera Blvd. Ste. 119		
(Mailing address MAY BE A POST OFFICE B	Min Fluit . 00000			
B. If amending the registered agent and/or regagent and/or the new registered office address  Name of New Registered Agent:		address on our re	cords, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent.	7.51.51			
New Registered Office Address:	7451 Riviera 8		da street uddress	
	Miramar, Flori			2022
	- Ivilianiai, Fiori	City:	Florida <sup>33</sup>	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:	•		zap cour
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 cl	agent and agr and complete ered agent as p	ee to act in this c performance of to provided for in C	ny duties, and Lam hapter 605, F.S. Or	familiar with and if this document is

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 =	<b>Authorized Member</b>

Title	Name	Address	Type of Action
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n effective date is listed, the date made: If the date inserted in this cument's effective date on the	ust be specific and car block does not mee	t the applicable:	te of filing or more th statutory filing req	an 90 days after filin	z.) Pursuant to 605.020
ecord specifies a delayed effect is filed.	ive date, but not an	effective time, a	u 12:01 a.m. on th	e earlier of: (b) T	he 90th day after the
May 1		2020	/		
, the state of the	C.D. S	-cke	nt		
	Signature of a men	iber or authorized	representative of a r	nember	<del>-</del>

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Filing Fee: \$25.00