

L16000045746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

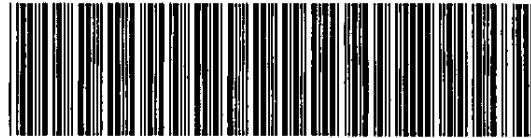
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. SCOTT

SEP 29 2016

OBJECT LEGAL INCORPORATED  
5850 GRANITE PARKWAY, SUITE 215  
PLANO TX 75024  
TEL: 844-386-0178  
FAX: 214-317-4754  
EMAIL: krystal@legalinc.com

DOCUMENT FILING REQUEST LETTER

Date Mailed: 9/14/2016

From: Krystal Green-Johnson

To: Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ATTN: Document Filing Division

Name of Company: Absolute Legal Clinic LLC

Please file the attached formation documents, and return the following:

[ 1 ] Plain Copy of the filed documents

**\*\*Please Fax/Email a copy of the filed documents upon acceptance of filing, if you have any questions on the filing please call me or email me at the number and email listed above\*\***

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PLEASE RETURN FILED DOUCMENTS TO :  
OBJECT LEGAL INCORPORATED  
5850 GRANITE PARKWAY, SUITE 215  
PLANO TX 75024

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Absolute Legal Clinic 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:

Nancy Luna

\_\_\_\_\_  
Name of Person

Rocket Lawyer

\_\_\_\_\_  
Firm/Company

5850 Granite Parkway, Suite 215

\_\_\_\_\_  
Address

Plano, TX 75024

\_\_\_\_\_  
City/State and Zip Code

tsatterwhite77@gmail.com

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

For further information concerning this matter, please call:

Nancy Luna

818

967-1467

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
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

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

Absolute Legal Clinic 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 Liability Company were filed on 03/04/2016 and assigned  
Florida document number L16000045748.

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)**

481 Thornberry Rd

Orange Park, FL 32073

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

481 Thornberry Rd

Orange Park, FL 32073

**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:

Angelia Michalak

New Registered Office Address:

481 Thornberry Rd

*Enter Florida street address*

Orange Park

Florida 32073

*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 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>
AMBR	ANGELIA MICHALAK	281 STATELY SHOALS TRAIL	<input type="checkbox"/> Add
		PONTE VEDRA BEACH, FL 32081	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 31, 2016

Tina Pchelka  
Signature of a member or authorized representative of a member

TINA PCHELKA

Typed or printed name of signee