

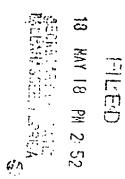
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COVER LETTER

	Registration Se Division of Cor			
cup ir c	Gaunce Lav	v, LLC		
SUBJEC	1;	Name of Lim	ited Liability Company	. <u> </u>
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Andy Gaunce		
			Name of Person	
		Gaunce Law		
			Firm/Company	
		2719 1st Ave N		
			Address	
		St Petersburg, FL 33713		
			City/State and Zip Code	······································
		andy@gauncelaw.com E-mail address: (to be used for future annual report notifi	cation)
For furthe	er information co	oncerning this matter, please ca	·	
Andy Ga	unce		727 614-0550	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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

Gaunce Law, LLC	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L16000080349}{L16000080349}$.	were filed on April 25, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Gaunce Law, PLLC	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	7. 65 2. 13
THE PART OF THE PA	- 製造 要 · 也
Inter new mailing address, if applicable:	o m
•••	<u></u>
Mailing address MAY BE A POST OFFICE BOX)	
	dh S
 If amending the registered agent and/or registered off egistered agent and/or the new registered office address here 	fice address on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
	Emer Florida street address
	, Florida
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Typed or printed name of signee

Filing Fee: \$25.00