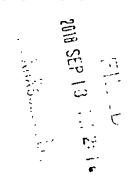
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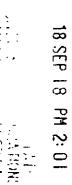


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K. SALY SEP 18 2018



COVER LETTER

TO: Registration S Division of Co								
SUBJECT: FOC	+ Lauderdale Name of Limi	Law Group S ited Liability Company	outh, PLLC					
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.						
Please return all corresp	ondence concerning this matter	to the following:						
		C. Patte	_(S v A					
	Fort Lauterda	le Law Group Firm/Company	Sostm, PLLC					
	6570 G1	Address	S, tc 105					
	Fort konte	(1, le, FL 3 City/State and Zip Code	3314					
	Law FLL E-mail address: (1	City/State and Zip Code G @ g mail . (2) for the used for future annual report in the control of the control o	notification)					
For further information	concerning this matter, please ca	ill:						
Name	Potteson	at (954) 306 - 8420 Area Code Daytime Telephone Number						
Enclosed is a check for	the following amount:							
S25.00 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:

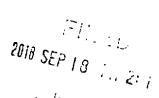
Registration Section Division of Corporations P.O. Box 6327

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



Fort Louierd	ale Law Group South, ALLC Mills.
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
	oility Company were filed on 8 12 2016 and assigned
Florida document number L 16 00015	<u>114 7</u> .
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	he limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:
(Principal office address MUST BE A STREET)	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the name of the new</u> ee address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Zin 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>	Address	Type of Action
MGR	C. Patterson	6570 Griffin Rosi	Add
		Suite 105	Remove
		Ft Louderfole, FL 33311	'+ □ Change
MGR	Jacob Jackson	6570 Gallen Rosi	Add
		S.te 105	Remove
		Fort Landerdole, FL 33311	<u>f</u> □ Change
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<u>te:</u> It t	date, if of we date is lis he date ins 's effective	erted in th	us block o	does not	meet th	e applic	able stat	filing or utory fil	more tha	(n 90 days irements	optiona after fili s, this da	ıl) ng.) Pursu te will no	ant to 605. of be liste	.020° ed as
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Page 3 of 3

Filing Fee: \$25.00