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COVER LETTER

	legistration Sec Division of Corp					
CHDIRCT		v Group LLC				
SUBJECT	Г:		nited Liability Company			
The enclos	sed Articles of a	Amendment and fee(s) are sub	omitted for filing.			
Please retu	ım all correspoi	ndence concerning this matter	to the following:			
		Adam L. Tucker				
			Name of Person			
		Intrepid Law				
	Firm/Company					
100 S 4th St Ste 550						
		Address St. Louis, MO 63102				
		City/State and Zip Code				
		adam@intrepidlaw.com				
		E-mail address: (to be used for future annual report noti	fication)		
For further	information ed	oncerning this matter, please co	all:			
Adam L. T	Tucker		904 829-7039 at ()			
	Name of	Person	Area Code Daytim	e Telephone Number		
Enclosed i	s a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Intrepid Law Group LLC				
(Name of the Lim	ited Liability Comp: (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited	Liability Company	were filed on 03/20/2017	and a	ssigned
Florida document number 4.17000063416				_
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
Intrepid Law LLC				
The new name must be distinguishable and contain the	words "Limited Liab	lity Company," the designation	"LLC" or the abbreviation	L.L.C."
Enter new principal offices address, if applicable:		100 S 4th St		
(Principal office address MUST BE A STREET ADDRESS)		Suite 550		
		St. Louis, Mo 63102		
Enter new mailing address, if applicable:		100 S 4th St		
(Mailing address MAY BE A POST OFFICE	EBOX)	Suite 550	,	-7
		St. Louis, Mo 63102	•	**; -~
				1
B. If amending the registered agent and			cords, enter the nam	a_of the ne
registered agent and/or the new registered of	office address her	<u>'e</u> :	•	H::
				$\dot{\tilde{\omega}}$
Name of New Registered Agent:	Adam L. Tucko	er .		6
New Registered Office Address:	3948 S 3rd St #	#108		
			address	
	Jacksonville Bo	each	_, Florida <u>32250</u>	
		City	Zin Cod	

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:

<u>Title</u>	Name	Address	Type of Action
· 			
			Remove
			□ Change
			□ Remove
			□ Remove
			☐ Change
			Add.
			☐ Remove
			□ Change
			
			☐ Change
			□ Remove
			Change.

	
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ective date, if other than the date of filing:	(optional) c of filing or more than 90 days after filing.) Pursuant to 605.0.
te: If the date inserted in this block does not meet the applicable sument's effective date on the Department of State's records.	statutory filing requirements, this date will not belisted
record specifies a delayed effective date, but not an he 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier
May 2 . 2017.	
)

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Typed or printed name of signee

Filing Fee: \$25.00