## 1170000 76822

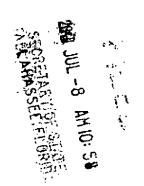
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Durings Fully N
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400331265214

07/08/19--01009--003 \*\*25.00



.....

## **COVER LETTER**

TO:

Registration Section

Div	ision of Co	porations						
SUBJECT:	Katz, Bying	gton & Phillips, PLLC		24				
SUBJECT:	Name of Limited Liability Company							
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return	all correspo	ondence concerning this matter	to the following:					
		David S. Katz						
	Name of Person  Katz. Phillips, Walker & Taylor, LLC							
		144 West Colonial Drive	Firm/Company					
Address Orlando, FL 32746								
		dkatz@kplegalteam.com	City/State and Zip Code					
For further in	nformation c	E-mail address: ( oncerning this matter, please ca	to be used for future annual report not all:	fication)				
David S. Kat	ız		321 332-6864 at ( )					
	Name o	f Person	Area Code Daytim	e Telephone Number				
Enclosed is a	check for th	ne following amount:						
<b>♠</b> \$25.00 F	iling 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/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations					

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Katz, Byington & Phillips, PLLC

(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 04/15/2017 and and an articles in the signal of the limited liability company were filed on 14/15/2017 and 15/2017 and 1

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:		
New Registered Office Address:		
	Enter-Horida street a	ddress
		, Florida
	City	7in Code

## New Registered Agent's Signature, if changing Registered Agent:

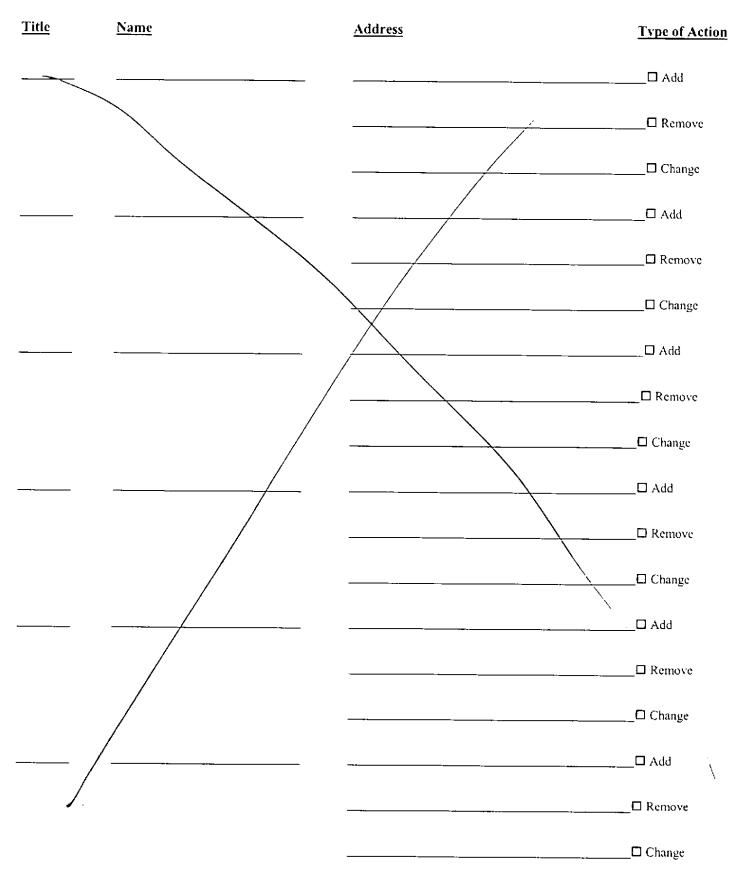
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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



-	<del>.</del>	<del></del>		<u>.</u>	
	<del></del>			_/_	
			/		
				-	
	· · · · · · · · · · · · · · · · · · ·	<del></del>			
	·				
<u> </u>			*		
<del>-</del>					
			<del></del>	·-	
			#		
	<u> </u>	<del></del>	<u> </u>	<del></del>	
	<del>-</del>				
			<u>-</u>		
			<u> </u>	_	7.10
				<u> </u>	
Continue data of alternative all	. I con				
ffective date, if other than the an effective date is listed, the date mu	ist be specific and canno	t be prior to da	te of filing or more t	(option han 90 days after fil	al) ling.) Pursuant to 605.026
ote: If the date inserted in this becument's effective date on the I	lock does not meet th	e applicable	statutory filing re	quirements, this d	ate will not be listed a
	•				
record specifies a delaye	d effective date,	but not an	effective time	e, at 12:01 a.r	n. on the earlier (
The 90th day after the re	cord is filed.				
ated	201	9			
		·			

Typed or printed name of signee