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	Requestor's Name)	
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	(0): (0):	
1	(City/State/Zip/Phone #)	
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	(Document Number)	<del></del>
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## **COVER LETTER**

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	Registration Se Division of Cor			
		ORTH LAW, PLLC		. 42,
SUBJEC			nited Liability Company	<del>-</del>
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	urn all correspo	ondence concerning this matter	to the following:	
		L. REED BLOODWORTI	ī	
			Name of Person	
		BLOODWORTH LAW, F	PLLC	
			Firm/Company	
		801 N. MAGNOLIA AVE	E., STE. 216	
			Address	
		ORLANDO, FL 32803		
			City/State and Zip Code	•
		REED@LAWYERFIGHTS	SFOR YOU.COM to be used for future annual report no	
For furthe	r information c	oncerning this matter, please c		ouncation)
	BLOODWOR'		407 777-8541	
. Name of Person		at () Area Code Dayt	ime Telephone Number	
Enclosed:	is a check for th	ne following amount:		
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Jailing Addres		Street Address:	Section
	Registration S Division of C		Registration Section Division of Corporations	
F	P.O. Box 632	7	The Centre of	Tallahassee
	Fallahassee, I	°L 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLOODWORTH LAW, PLLC.			2
(Name of the Lim	i <mark>ited Liability Comp</mark> (A Florida Limited	pany as it now appears on our records I Liability Company)	EB
The Articles of Organization for this Limited 1		y were filed on 06/20/2017	and assigned
Florida document number L17000134330	•		PH
This amendment is submitted to amend the fol	llowing:		6: 24
A. If amending name, enter the new name	of the limited l <u>ia</u>	bility company here:	
BLOODWORTH LAW, PLLC			
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli		N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addr	• *	address on our records, <u>enter (</u>	the name of the new registere
Name of New Registered Agent:	N/A		<del>-</del>
New Registered Office Address:			
		Enter Florida street address	
		, Flo	
		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 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
	N/A		□Add
			□ Remove
			□Change
	N/A		
			□Remove
			Change
	N/A		□Add
		Remove	
			□ Change
	N/A		□Add
			□Remove
			□ Change
	N/A		
			□Change
	N/A 		□Add
			□ Remove
			□ Change

the folegoing redeast	for amendment seeks the removal of the period (.) at the end of the entity name
<del></del>	
•	
	<u> </u>
<del>.</del>	
Note: If the date inserted in	an the date of filing:
the record specifies a delayed e cord is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
FEBRUARY 04	2021
Dated	1///
il (h.,	1/3/11
Z Bu	V Signature of a member or authorized representative of a member
L. REED BLOOF	

. . . .

Filing Fee: \$25.00