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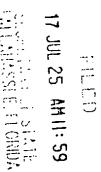
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S. WARREN JUL 2 8 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Florida Discount	Lawyer
Name of Limited Liability Company	9
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Peter Scl	noen thal
Name of Person	
Florida Discount La	wyer P. L.L.C.
925W 3rd S+ H	1206
Milmi, Fl 33130 City/State and Zip Co	
Peter & Schwenthallaw E-mail address: (to be used for future ann	·Com
For further information concerning this matter, please call:	
Peter Schoenthal aggsy,	261-0264
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status	Certificate of Status &
	EET/COURIER ADDRESS:
Division of Corporations Divis	tration Section ion of Corporations
P.O. Box 6327 Clifto	n Building Executive Center Circle

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Discont	Laurer P.L.C.
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number 10030092885	ere filed on 60917 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited Liability"	auyers, P.C.L.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
-	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	rformance of my duties, and I am familiar with and . ovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = M AMBR = A	anager uthorized Member		
<u> Title</u>	<u>Name</u>	Address	Type of Action
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			□ Change
			Add
			Remove
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	the date inserted t's effective date						itory filing	requiremer	nts. this	date wil	l not b	e listed :
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Filing Fee: \$25.00