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### **COVER LETTER**

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

THE LAW OFFICE OF JARED M. WILKERSON, PLLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jared M. Wilkerson Name of Person THE LAW OFFICE OF JARED M. WILKERSON, PLLC Firm/Company 3955 Riverside Avenue, Suite 203 Address JACKSONVILLE, FL 32205 City/State and Zip Code jmw@wilkersonlawoffice.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jared M. Wilkerson 802-2262 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☑ \$55.00 Filing Fee & ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### THE LAW OFFICE OF JARED M. WILKERSON, 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  $\frac{07/12/2017}{1}$ and assigned Florida document number L17000149793 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WILKERSON LAW, PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 address on our records, enter the name of agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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

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Jared M Wilkerson		,		•		

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Filing Fee: \$25.00