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| PICK-UP                 | ☐ WAIT            | MAIL      |
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## **COVER LETTER**

| Division of Cor            | porations                                    |   |   |
|----------------------------|--|---|---|
| LAW DIGS                   | S, LLC                                       |   |   |
| Sobsticer.                 | Name of Lim                                  | ited Liability Company  |   |
| <b>73</b> 1                |  | i i a au  |   |
| The enclosed Articles of   | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please return all correspo | ondence concerning this matter               | to the following:   |   |
|                            | London L. Bates, Esquire                     |   |   |
|                            | _  | Name of Person  | <del></del>   |
|                            | London L. Bates Law, P.A                     | ۸.  |   |
|                            |  | Firm/Company  |   |
|                            | P. O. Box 1213                               |   |   |
|                            |  | Address   |   |
|                            | Dunedin, FL 34697                            |   |   |
|                            | -  | City/State and Zip Code   |   |
|                            | london@londonbateslaw.co                     |   | <del></del>   |
|                            | E-mail address: (                            | to be used for future annual report notifi                          | ication)  |
| For further information c  | oncerning this matter, please ca             | all:  |   |
| London L. Bates, Esquire   | e  | 727 734-8700<br>at ( )  |   |
| Name o                     | f Person                                     |   | Telephone Number  |
|                            |  |   |   |
| Enclosed is a check for th | ne 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

### MAILING ADDRESS:

TO:

Registration Section

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**

| ment number  L17000183710  ment is submitted to amend the following:  ling name, enter the new name of the limited liability company here:  must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  rincipal offices address, if applicable:  fice address MUST BE A STREET ADDRESS)  Dunedin, FL 34698  N/A  N/A  N/A  Personal ing address, if applicable:  N/A  N/A  | Law Digs, LLC  |                                   |   |   |                  |
|--|--|-----------------------------------|---|---|------------------|
| ment number L17000183710  ment is submitted to amend the following:  ling name, enter the new name of the limited liability company here:  must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  principal offices address, if applicable:    1022 Main Street, Unit K   Dunedin, FL 34698   Dunedin, F | ( <u>Name of the Limited Liz</u><br>(A Flo   | ability Compai<br>orida Limited L | ny as it now appears on our recor<br>Liability Company) | <u>(ds.</u> )                             |                  |
| Ing name, enter the new name of the limited liability company here:  must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  principal offices address, if applicable:    1022 Main Street, Unit K   Dunedin, FL 34698    |  | ty Company                        | were filed on August 28, 2017                           | 1   | _ and assigned   |
| ling name, enter the new name of the limited liability company here:  must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."  principal offices address, if applicable:    1022 Main Street, Unit K   Dunedin, FL 34698   Dunedin, FL 34 | lorida document number L17000183710  | ·                                 |   |   |                  |
| must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.C."  principal offices address, if applicable:    1022 Main Street, Unit K   Dunedin, FL 34698   Dunedin, | this amendment is submitted to amend the following                                   | g:                                |   |   |                  |
| rincipal offices address, if applicable:  The fice address MUST BE A STREET ADDRESS)  Dunedin, FL 34698  Dunedin, FL 34698  N/A  N/A  Paralling address, if applicable:  N/A   | . If amending name, enter the new name of the  | limited liabi                     | ility company here:                                     |   |                  |
| rincipal offices address, if applicable:  The fice address MUST BE A STREET ADDRESS)  Dunedin, FL 34698  Dunedin, FL 34698  N/A  N/A  N/A  Paralling address, if applicable:  N/A  | N/A  |                                   |   |   |                  |
| Dunedin, FL 34698  | he new name must be distinguishable and contain the words "                          | *Limited Liabil                   | ity Company," the designation "LL                       | C" or the abbre                           | viation "L.L.C." |
| Dunedin, FL 34698  | nter new principal offices address, if applicable:                                   | <b>:</b>                          | 1022 Main Street, Unit K                                | E4  | <u> </u>         |
| nailing address, if applicable:  N/A  N/A  N/A  Page 19 19 19 19 19 19 19 19 19 19 19 19 19  | • • •  |                                   | Dunedin, FL 34698                                       | - , ,                                     | 17               |
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|  |  | ~-                                |   | ls, <u>enter th</u>                       | e name of the    |
|  | gistered agent and/or the new registered office 2                                    | address nere                      | <b>:</b> •  |   |                  |
| nding the registered agent and/or registered office address on our records, <u>enter the name of the gent and/or the new registered office address here</u> :  | Name of New Registered Agent:  |                                   |   |   |                  |
| gent and/or the new registered office address here:  | New Registered Office Address: 10  | 022 Main Stre                     | et, Unit K  |   |                  |
| me of New Registered Agent:  |  |                                   | Enter Florida street addre                              | ?\$\$                                     |                  |
| ne of New Registered Agent:  | Du   | unedin                            | , F   | lorida 34698                              | 3                |
| me of New Registered Agent:  We Registered Office Address:  1022 Main Street, Unit K   | <del></del>  |                                   | City  | - · · · <u> · · · · · · · · · · · · ·</u> | Zip Code         |

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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| Yactiv                     | e date, if other than the date of filing: (option  | anal)                                  |              |
| an effec<br><u>ote:</u> If | tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, this it's effective date on the Department of State's records. | filing.) Pursuant to 60.               |              |
|                            | rd specifies a delayed effective date, but not an effective time, at 12:01 a<br>Oth day after the record is filed.   | ı.m. on the earli                      | er of        |
|                            | A 10 00 0010   | (Sa)                                   |              |
| ated _                     | October 27. 2017.  | 7.00                                   | Edwarf       |
|                            | Sardan & Sota  | 2817 001 30                            | E-MGA1       |
|                            | Signature of a member or authorized representative of a member   | . 3                                    | ,            |
|                            | London L. Bates, Manager   | · 😅                                    |              |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00