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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: TUC	Ker law a	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Gregor	y F. Tucker Name of Person	
		Law, LLC Firm/Company	
	35 4	All Avenue Address	
	Orlundo,	FL 32801 City/State and Zip Code	
	E-mail address (City/State and Zip Code Ovy F Tuffer \$8 @ gr. to by used for future annual report road for	nail, com cation)
For further information co	ncerning this matter, please ca	all:	
Grayora F Tox Name of	Person	at (321) 229 - Area Code Daytime	74 85 Telephone Number
Enclosed is a check for the	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, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

(Name of the Limited Li	ability Company as it now appears on orida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liabili		-24 - 2017 and assigned	
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the			
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	:		
<u>(Principal office address MUST BE A STREET Al</u>	ODRESS)		
Enter new mailing address, if applicable:		75 3 5 3	
(Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or r registered agent and/or the new registered office		r records, enter the name of the	<u>iew</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida si	treet address	
	City	, Florida Zin Code	
		1317 0000	

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 = M $AMBR = A$	IGR = Manager MBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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Effectiv	e date, if other than the date of filing: (opti	7.		
fan effe	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	filing.) Purs	suant to	605.020
	it's effective date on the Department of State's records.	s date will	not be i	isicu a:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a Oth day after the record is filed.	a.m. on t	he ea	rlier c
*****	our day after the record is fired.			
Dated	February 13, 2018			
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	Signature of a member or authorized representative of a member			

Page 3 of 3

Filing Fee: \$25.00