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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

то:	Registration Se Division of Cor						
		lls Orlando, PLLC					
SUBJ	SUBJECT:Name of Limited Liability Company						
The er	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Scott Farnsworth					
			Name of Person				
			Firm/Company				
		3214 Baytlower Avenue					
			Address				
		Harmony, FL 34773					
		City/State and Zip Code					
		scott@sunbridgenetwork.com E-mail address: (to be used for future annual report notification)					
For fu	rther information e	oncerning this matter, please c					
Scott	Farnsworth		407 593-2386 at ()				
	Name o	f Person	Area Code Daytim	e Telephane Number			
Enclo	sed is a check for th	ne following amount:					
S \$1	25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional 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 Tallohassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Walk-in Wills Orlando, PLLC		
(Name of the Limited Liability Come (A Florida Limited	pany as it now appears on our record d Liability Company)	<u>N.</u>)
The Articles of Organization for this Limited Liability Compar	ny were filed on 11/22/2017	and assigned
Florida document number L17000241024		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Walk-in Wills PLLC		
The new name must be distinguishable and contain the words "Limited Lia	bility 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 registered agent and/or the new registered office address he		s, enter the name of the nev
	 -	
Name of New Registered Agent:		
		
New Registered Office Address:	Enter Florida street addres	
	, Florida	
	City	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	Zip Code BIVISE SEC
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple	gree to act in this capacity. I fu	rther agree to comply which the
provisions of an statines relative to the proper and comple accept the obligations of my position as registered agent a	s provided for in Chapter 605,	F.S. Or, if this do amenge
being filed to merely reflect a change in the registered offic	ce address, I hereby confirm th	at the limited liab 🏩 y 중유다
company has been notified in writing of this change.		# RAII

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 Type of Action Address <u>Title</u> <u>Name</u> NIA □ Add □ Remove _□ Change □ Remove □ Change _□ ∧dd _□ Remove _□ Change _□ Add _□ Remove _O Char __ Add **5** _□ Remo≰ _□ Change

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If an effective Note: I docume	f the date inserted in this block nt's effective date on the Depar	specific and cannot be prior to date of filing or more than 90 days after fil does not meet the applicable statutory filing requirements, this definent of State's records. Flective date, but not an effective time, at 12:01 a.m.	ling.) Pursuant to 605.0207 (ate will not be listed as th
Dated .	January 8.	2018	
	\mathcal{A}	ature of a member or authorized representative of a member	18 JA
	Scott Farnsworth		JAN 10
		Typed or printed name of signce	
		Page 3 of 3	PM 4: 20

Filing Fee: \$25.00