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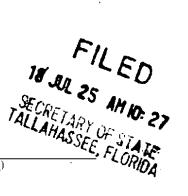
TO:	Registration Sec Division of Corp			
SUBJE	Walk-in Wil	lls PLLC		
		Name of Lim	ited Liability Company	
The enc	closed Articles of a	Amendment and fee(s) are sub	mitted for fiting.	
Please 1	eturn all correspon	ndence concerning this matter	to the following:	
		Scott Farnsworth		
			Name of Person	
		Walk-in Wills PLLC		
			Firm/Company	
		10069 University Blvd.		
			Address	
		Orlando, FL 32817		
			City/State and Zip Code	
		scott@sunbridgenetwork.		
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please ca	all:	
Scott F	arnsworth		407 725-7055	
	Name of	Person	at ()	: Telephone Number
Enclose	d is a check for the	e following amount:		
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional 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



Walk-in Wills 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 Novemb	per 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 liab	oility company here:	
Walk-in Wills Orlando PLLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10069 University Bl	vd.
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32817	
		<u> </u>
Enter new mailing address, if applicable:	10069 University Bl	vd.
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32817	
Name of New Registered Agent:	<u>e</u> :	
New Registered Office Address:	Enter Florida str	eet address
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my d provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

FILED

MGR = Manager AMBR = Authorized Member

18 JUL 25 AH 10: 27

$\mathbf{AMBK} = \mathbf{A}$	Authorized Member	25 AH 10: 27	
<u>Title</u>	<u>Name</u>	SECRETARY OF STATE Address TALLAMASSEE, FLORIDA	Type of Action
			Remove
			Change
			Add
			Remove
			Change
			🗖 Add
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			Change
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			Change
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			☐ Change

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		TO JUL 25 AN ID
		Iditional sheets, if necessary.) FILED 10 JUL 25 AN IO 21 TALLAHASSEE, FLORIDA
	_	AHASSEE, FLOORE
		CRIDA
fective date, if other than t	ne date of filing:	(optional)
		or more than 90 days after filing.) Pursuant to 605.0207 (3 filing requirements, this date will not be listed as th
	Department of State's records.	
		ve time, at 12:01 a.m. on the earlier of:
The 90th day after the r	cora is illea.	
July 21	2018	
ted	·	
Sc	the farmsworth	
	Signature of a member or authorized representa-	ative of a member
Scott Farnsworth		
	Typed or printed name of sign	

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Filing Fee: \$25.00