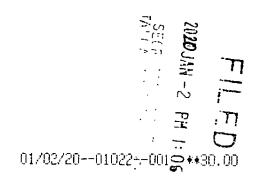
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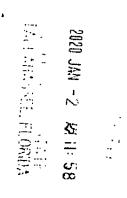
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special instructions to Filing Officer

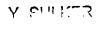
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COVER LETTER

TO: Registration S Division of Co			
	ILL & WELLS, PLLC (Amend		
SUBJECT:	Name of Lin	nited Uability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for lilling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Robert G. Churchill, Jr.		
		Name of Person	
	Churchill Law Group, PLI	LC.	
		Ferm/Company	
	902 N. Duval Street		
		Address	
	Tallahassee, Florida 3230.	3	
		City/State and Zip Code	
	rgclaw@gmail.com		
Var further information of	E-mail address: (concerning this matter, please c	to be used for future annual report no	lificationi
	concerning this matter, picase of		
Robert G. Churchill, Jr.		850 668-6700 at () Area Code	
Name o	d Person	Area Code - Daytii	me Telephone Number
Enclosed is a check for the	he following amount:		·
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy Gadditional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	and as
Registration 9 Division of C		Registration Se Division of G	
P.O. Box 632	The state of the s	The Centre of	
Tallahassee, I	FL 32314	2415 N. Moan	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHURCHILL & WELLS, 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 Cebruary 28, 2018 ___ and assigned Florida document number L18006050576 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CHURCHILL LAW GROUP, PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 the new registered 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 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

Title	Name	<u>Address</u>	Type of Action
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			©Remove
			@Change
			⊟Remove
			□Change
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Cective date, if other than the date of filing: January 2, 2020 (optional) n effective date is listed, the date must be specific and compute by prior to the of filing and compute by prior to the office and comp	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will numeral's effective date on the Department of State's records.	st \sim $lpha_2$ $lpha$ and runger rungaring to 605.0207 GG

Filing Fee: \$25.00