

L18000052208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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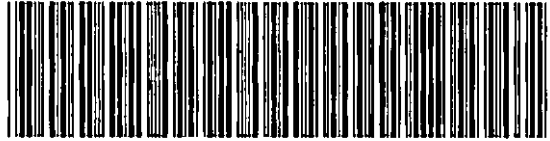
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2022 DEC -2 AM 9:34

2022 DEC -2 AM 9:34

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FULLER, DUSINBERRE, HORNE, PLLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN DAVID HORNE

Name of Person

FULLER, DUSINBERRE, HORNE, PLLC

Firm/Company

1845 EAST WEST PARKWAY, SUITE 18

Address

FLEMING ISLAND, FLORIDA 32003

City/State and Zip Code

twegmann@lawfuller.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERRI WEGMANN

904

264-0585

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FULLER & ASSOCIATES ATTORNEYS, 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 02/27/2018 and assigned
Florida document number 118000052208.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FULLER, DUSINBERRE, HORNE, PLLC

The new name must be distinguishable and contain the words "Limited Liability 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)

1845 EAST WEST PARKWAY, SUITE 18

FLEMING ISLAND, FLORIDA 32003

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1845 EAST WEST PARKWAY, SUITE 18

FLEMING ISLAND, FLORIDA 32003

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:

JOHN DAVID HORNE

New Registered Office Address:

1845 EAST WEST PARKWAY, SUITE 18

Enter Florida street address

FLEMING ISLAND

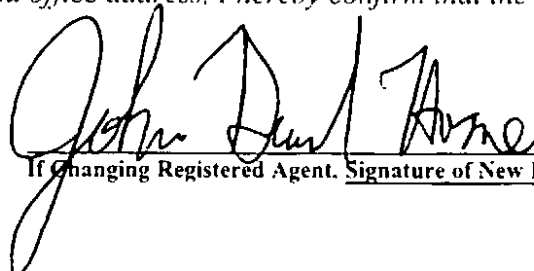
City

Florida 32003

Zip Code

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ELIZABETH DUSINBERRE	1845 EAST WEST PARKWAY, SUITE 18	<input checked="" type="checkbox"/> Add
		FLEMING ISLAND, FLORIDA 32003	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHN DAVID HORNE	1845 EAST WEST PARKWAY, SUITE 18	<input checked="" type="checkbox"/> Add
		FLEMING ISLAND, FLORIDA 32203	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Typed or printed name of signee

Filing Fee: \$25.00