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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BARRY J. FULLER	R ATTORNEY, PLLC	 ,
Please Debit 1200000	000257 For: ²⁵	
Thank you Seth Neel	ley	
1461		Art of Inc. File
Jo of		
		LTD Partnership File Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
1	,	Officer Search
A		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by: SETH	03/10/23	UCC 1 or 3 File
Name	Date Time	UCC 11 Search
		UCC II Retrieval
Walk-In Them serve GA &TO	Will Pick Up	Courier

COVER LETTER

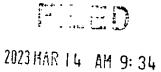
TO: Registration S Division of Co			
BARRY J.	FULLER ATTORNEY, PLLC		
SUBJECT:	Name of Lim	ited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing,	
Please return all correspondent	ondence concerning this matter	to the following:	
	TERRI WEGMANN		
		Name of Person	
	BARRY J. FULLER ATT	ORNEY, PLLC	
		Firm/Company	
	1845 EAST WEST PARK	WAY, SUITE 18	
		Address	
	FLEMING ISLAND, FLO	PRIDA 32003	
	****	City/State and Zip Code	
	twegmann@lawfuller.com		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report noti all:	fication)
Terri Wegmann		904 264-0585	
Name (of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	•	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	ari a u
Registration Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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)

Same and AT

The Articles of Organization for this Limited Liability Con Florida document number 118000052208	npany were filed on $\frac{02}{2}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company h	ere:
BARRY J. FULLER ATTORNEY, PLLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1845 EAST WI	EST PARKWAY, SUITE 18
(Principal office address MUST BE A STREET ADDRES	FLEMING ISL	AND, FLORIDA 32003
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		EST PARKWAY, SUITE 18 AND, FLORIDA 32003
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Mice address on our r	ecords, enter the name of the new registered
Name of New Registered Agent: BARRY	J. FULLER	
New Registered Office Address: 1845 EAS	ST WEST PARKWAY.	SUITE 18
	Enter Flo	rida street address
FLEMING	G ISLAND	Florida 32003
	City	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>	Address	Type of Action
MGR	JOHN DAVID HORNE	1845 EAST WEST PARKWAY, SUITE 18	
		FLEMING ISLAND, FLORIDA 32003	≡ Remove
			□Change
MGR	ELIZABETH DUSINBERRE	1845 EAST WEST PARKWAY, SUITE 18	□∧dd
		FLEMING ISLAND, FLKORIDA 32003	≣Remove
			□Change
			□Add
			□Remove
]Change
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			□Change

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