

L18 0000 117960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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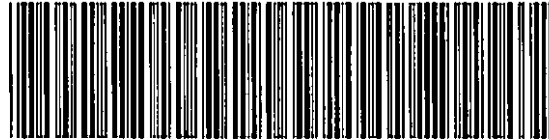
(Business Entity Name)

(Document Number)

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2021 JAN 14 AM 11:54  
FEB 14 2021

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FEB 20 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Association Legal LLC

\_\_\_\_\_  
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:

Leland W. Wilson

\_\_\_\_\_  
Name of Person

Denali Law Group PA

\_\_\_\_\_  
Firm/Company

12600 World Plaza Ln

\_\_\_\_\_  
Address

Fort Myers, FL 33907

\_\_\_\_\_  
City/State and Zip Code

leland@associationlegalservices.com

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

For further information concerning this matter, please call:

Leland Wilson

239 298-1238  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional 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 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**

Association Legal LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company).

2021 JAN 11 AM 11:54

The Articles of Organization for this Limited Liability Company were filed on 5/10/2018 and assigned  
Florida document number L18000117960.

This amendment is submitted to amend the following:

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

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)**

12600 World Plaza Ln

Fort Myers, FL 33907

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

12600 World Plaza Ln

Fort Myers, FL 33907

**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:

Denali Law Group PA

New Registered Office Address:

12600 World Plaza Ln

*Enter Florida street address*

Fort Myers

Florida 33907

*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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

2021 JAN 14 AM 11:54

Title	Name	Address	Type of Action
MGR	McCullough Legal Services	1630 Morrill St Sarasota, FL 34236	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Denali Law Group PA	12600 World Plaza Ln Fort Myers, FL 33907	<input checked="" type="checkbox"/> Add <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"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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2021 JAN 14 AM 11:54

STATE OF ALABAMA  
DEPARTMENT OF REVENUE

F. Effective date, if other than the date of filing: January 1, 2021 (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated December 31 2021



Signature of a member or authorized representative of a member

Leland W Wilson

Typed or printed name of signee