## L18000162769

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2022 JAN -5 FH 3: 3U

Y SULKER JAH 0 6 2072 FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:\_\_\_\_\_

PLEASE USE FUNDS FROM ACC Authorized Signature: fand NEILL GRIFFIN MARQUIS, PLL	CT: 120210000160 AMOUNT:: \$25.00 SR Lectures CC
Business Name	Document Number
Certified copy of original articl Certificate of Status	les and any amendments Pick up time Will wait
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability  Domestication CONVERSION CORP	
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual ReportFictitious Name	Foreign filingLimited Partnership Reinstatement Declaration
APOSTIL ( Country	Other

## COVER LETTER

Registration Section

TO:

Division of Co	porations		
	IFFIN MARQUIS, PLLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	RICHARD V. NEILL, JR.		
		Name of Person	
	NEILL GRIFFIN MARQU	JIS, PLLC	
		Firm/Company	<del></del>
	311 S. 2ND STREET, SUI	TE 200	
		Address	
	FORT PIERCE, FL 34950	)	
		City/State and Zip Code	<del></del>
	RNEILLJR@NEILLGRIFF		
	·	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please or	ajl;	
RICHARD V. NEILL, J.	R.	772 464-8200 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 States Division of Co. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sectorial Division of Corporation The Centre of Tallahassee, FL.	oorations allahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEILL GRIFFIN MARQUIS, PLLC			
(Name of the Limited Liability (A Florida	y Company as it now appears on our Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Co			and assigned
	mpany were med on	<u> </u>	_ and mongree
Florida document number L18000162769	<b>-</b> `		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
NEILL GRIFFIN MARQUIS OSKING, PLLC			
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation	n "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
			20
Enter your willing address if applicables			2022
Enter new mailing address, if applicable:		:	
(Mailing address MAY BE A POST OFFICE BOX)		- : <del>- : - :</del>	<del></del>
			<b>D</b>
		<i>ບັດ</i> ຕາກ	<u></u>
B. If amending the registered agent and/or registered	office address on our records,	enter the name	ofthe new register
agent and/or the new registered office address here:		근걸	<u>.</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	t address	
	City	, Florida	Zip Code
	City		THE COME

## 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

Title	Name	Address	Type of Action
MGR	IAN E. OSKING	311 S. 2nd Street	<b>=</b> Add
		Suite 200	
		Fort Pierce, FL 34950	□Change
MGR	RICHARD V. NEILL	311 S. 2nd Street	
		Suite 200	
		Fort Pierce, FL 34950	
			□Remove
			☐ Change
			□Add
			□Remove
		<del></del>	Change
			□Add
			Remove
			Change
		□Add	
			□ Remove
			□Change

Λ	rticle V: The purpose of this PLLC shall be: law firm.
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	The state of the s
:ffec <u>:</u> I	(optional) (edate, if other than the date of filing:
ord file	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 d.
:d	January 4 2022
	Signature of a frember or authorized representative of a member
	N

Filing Fee: \$25.00