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COVER LETTER

Division of Cor	porations		
ORD ITZT.	FAMILY LE	EGAL SERVICES, 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	ondence concerning this matter	to the following:	
	ı	DANA M. SANTINO, ESQ.	
		Name of Person	
	FA	MILY LEGAL SERVICES, PLLC	
		Firm/Company	
	71	11 FAIRWAY DRIVE, STE 302	
	·	Address	
	PAL	M BEACH GARDENS, FL 3341	8
		City/State and Zip Code	
		tino@familylegalservicesfl.com to be used for future annual report not	r
			incation)
For further information c	concerning this matter, please co	all:	
DANA M. S	SANTINO, ESQ.	561 8	99-5150
Name o	of Person	at () Area Code Daytin	e Telephone Number
Enclosed is a check for t	he 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

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAMILY LEGAL SERVICES	, LLC	
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	JULY 10, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company h	ere:	
FAMILY LEGAL SERVICES, F	PLLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	j>	AUG 29
Enter new mailing address, if applicable:	51. ************************************	PH D
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		he name of the nev
Enter Flo	orida street address	
	Florida	
New Registered Agent's Signature, if changing Registered Agent:		Zip Code
I hereby accept the appointment as registered agent and agree to act in this provisions of all statutes relative to the proper and complete performance of accept the obligations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office address. I here company has been notified in writing of this change.	f my duties, and I am fa Chapter 605, F.S. Or, i	miliar with and f this document is

Page 1 of 3

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
			Add
			☐ Remove
			☐ Change
			☐ Remove
			Change
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			□ Remove
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E. Effective date	, if other than the date of filin	:(opti	onal)	
Note: If the da	ite inserted in this block does not i	cet the applicable statutory filing requirements, this	r filing.) Pursuar s date will not	st to 60 be lis
document's eff	ective date on the Department of	ate's records.		
If the record sn	acifies a delayed effective	ate, but not an effective time, at 12:01 a	am on the	aarl
	lay after the record is filed.	ste, but not an enective time, at 12.01 a	a.m. on the	COII
	JULY 16	2018		
Dated				
		dues		
	Signature of a	tember or authorized representative of a member		
		DANA M. SANTINO, ESQ.		
		Typed or printed name of signee		

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Filing Fee: \$25.00