Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

: (850)617-6383

From:

L'INDA A. SCARCELLI

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 Phone : (407)650-1552

Fax Number : (407)540-2699

Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.

Email Address: BS Yochum @ qmail. Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YOCHUM LAW GROUP, LLC

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8/14/2018 4:0B:52 PM PAGE 1/001 Fax Server



August 14, 2018

FLORIDA DEPARTMENT OF STATE

YOCHUM LAW GROUP, LLC (2ND REQUEST)

On Properties

SUBJECT: YOCHUM LAW GROUP, LLC

REF: L18000189741

ORLANDO, FL 32806US

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan Senior Section Administrator FAX Aud. #: H18000232486 Letter Number: 718A00016537 To:

18 AUG 15 AH 4:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yochum Law Group, LLC		
(Same of the Limited Liabili (A Florida	ty Company as it now appears on our record a Limited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability C		and assigned
Florida document number 1.18000189741		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Yochum Law, PLLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RLESS)	
Enter new mailing address, if applicable:		
(Mailing uddress MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
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B. If amending the registered agent and/or registered agent and/or the new registered office add		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
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	Cuy	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 Chunging Registered Agent, Signature of New Registered Agent

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member										
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Filing Fee: \$25.00