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COVER LETTER

TO:	Registration Se Division of Cor				
CIETO TES	Sch	enkingLaw, LLC			
SUBJE	UT:	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	_		
		Scott	Schenking		
			Name of Person		· · · · · · · · · · · · · · · · · · ·
		Sche	nkingLaw, PLL(
			Firm/Company		
		1228	East 7th Ave.		
			Address		
		Tam	npa, Florida 336	805	
			City/State and Zip Code		
		scott@schenk	inglaw.com		
		E-mail address: (to be used for future annual	report notifica	uion)
For furt	ner information c	oncerning this matter, please ca	all:		
Scott Schenking		at ()	813-29	95-6067	
	Name o	f Person	Area Code	Daytime T	elephone Number
Enclose	d is a check for th	ne following amount:			
\$25	.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is end		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAIL	ING ADDRESS:	STREE	Г/COURIEI	R ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SchenkingLaw, LLC

(Name of the Limited	Liability Company as it now appears on our records. Florida Limited Liability Company))
The Articles of Organization for this Limited Liab Florida document number L 18000213535		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
SchenkingLaw, PLLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	No change.	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	No change.	
	r registered office address on our records,	enters the name of the
Name of New Registered Agent:	No change.	28 PM I
New Registered Office Address:	Enter Florida street address	98 to O
	, Flor	
	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.

No change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action		
	No change.	 	Add		
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Typed or printed name of signee

Filing Fee: \$25.00