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R. VVHITE NOV **\Q** 2018

COVER LETTER

SUBJECT: Medi	cal Legal Pro	ofessionals LLC	·
		ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspor	dence concerning this matter t	to the following:	
	Timoth	Bundy Name of Person	
	Medical	Legal Professia	nals LLC
	1413 C	ompton 5t	····
	Brand	On 335// City/State and Zip Code	
		medlegal profession obe used for future annual report notifie	nals. (om cation)
For further information co	ncerning this matter, please ca	ll;	
Timothy Name of	Bundy	at (<u>816</u>) <u>916 - 2</u> Area Code Daytime	ZOS Telephone Number
Enclosed is a check for the	e 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

TO:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

medical Legal Pro	Fessionals 2018 NOV-5 PM 3:09
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iability Company) TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company	were filed onand assigned
Florida document number <u>L18000240863</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Medical Legal Professiona The new name must be distinguishable and contain the words "Limited Liabili	Us, LLC
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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

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> Fitle</u>	<u>Name</u>	Address	Type of Action
		 	
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fective date, if one offective date is l	other than the date of isted, the date must be spe	of filing:	t be prior to date o	f filing or more than	(optional) 90 days after filing.)	Pursuant to 605,0207
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Page 3 of 3

Filing Fee: \$25.00