

L18000288061

(Requestor's Name)

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(City/State/Zip/Phone #)

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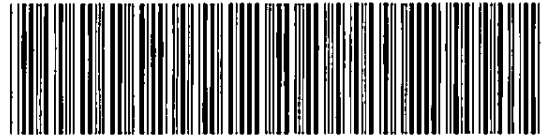
(Business Entity Name)

(Document Number)

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2023 OCT 16 PM 12:55  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PYLE, DELLINGER & DUZ, PLLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashley N. Naylor  
Name of Person

Pyle, Dellinger & Duz, PLLC  
Firm/Company

1655 N. Clyde Morris Blvd., Ste. 1  
Address

Daytona Beach, Florida 32117  
City/State and Zip Code

ashleyd@pylelegal.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley N. Naylor at ( 386 ) 615-9007  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT**  
**TO**  
**ARTICLES OF ORGANIZATION**  
**OF**  
**PYLE, DELLINGER & DUZ, PLLC**  
*(a Florida Limited Liability Company)*

**FILED**  
2023 OCT 16 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FIRST:** The date of filing of the Articles of Organization was **December 18, 2018** and the document number assigned was L18000288061.

**SECOND:** The following amendment to the Articles of Organization was adopted by the limited liability company:

**"ARTICLE I**  
**NAME**

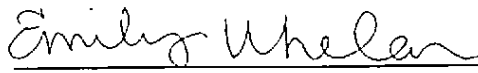
The name of the Limited Liability Company is **PYLE, DELLINGER & NAYLOR, PLLC."**

Dated the 12 day of October, 2023.

  
\_\_\_\_\_  
**MICHAEL A. PYLE**

STATE OF FLORIDA  
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this 12<sup>th</sup> day of October, 2023, by MICHAEL A. PYLE, by means of  physical presence or  online notarization, who  is personally known to me, or  presented a Florida Driver License or  a \_\_\_\_\_ Driver License or  \_\_\_\_\_, as identification.

  
\_\_\_\_\_  
Notary Public  
**EMILY WHELAN**  
(Printed Name)

