# 119000009216

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# **COVER LETTER**

TO:	Registration Se Division of Cor			
C-1715 F F		Relief, LLC	· ·	
SUBJE	.C1:	Name of Lim	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Erik Shirkey		
			Name of Person	
		Residential Relief, LLC		
			Firm/Company	<del></del>
		514 Duchess Dr.		
			Address	
		Lakeland, FL 33803		
			City/State and Zip Code	<del></del>
		The Shirkeys@gmail.com E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please c	•	
Erik Sl	nirkey		310 770-6550	
	Name o	f Person		Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	5.00 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/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Residential Relief, LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	any as it now appears on our records. Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 01/07/2019	and assigned	
Florida document number L19000009216			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
Expert Legal Group, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	514 Duchess Dr.		
(Principal office address MUST BE A STREET ADDRESS)	Lakeland, FL 33803		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of	Same as above  ffice address on our records,	enter the name of the r	
registered agent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Flor	rida	
<del></del>	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 add 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
		<del></del>	Add
			☐ Remove
			☐ Change
•		<del></del>	☐ Remove
			□ Change
			☐ Remove
			☐ Remove
			☐ Change

Effective date, if other than the date of filing:  (aptional)  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.02  Mote: If the date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed adocument's effective date on the Department of State's records.  The poth day after the record is filed.  Dated  August 15  2019	-					
Effective date, if other than the date of filing:  (optional)  If an effective date, if other than the date of filing:  (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated  August 15  2019  (Optional)  (Optional)  (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.						
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Filing Fee: \$25.00