L190000 14528

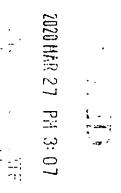
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C SIMMONS

COVER LETTER

Division of Corp	orations			
Laws Family SUBJECT:	Properties, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Christopher T. Laws			
		Name of Person		
	Laws Family Properties, I.	.LC		
		Firm/Company	_	_ .
	390 Sand Pine Drive			
		Address		
	Midway, Florida 32343			
		City/State and Zip Code		
	nupean96@yahoo.com			
		to be used for future annual	report notification)	
For further information cor	ncerning this matter, please c	all:		
Christopher T. Laws		850 321	1-4286	
Name of I	Person	Area Code	Daytime Telepho	nc 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 encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Ad	ldress:	

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

TO:

Registration Section

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

Laws Family Properties, LLC					
(Name of the Lim	ited Linbility Compa (A Florida Limited	ny as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited L Florida document number L19000014528	iability Company	were filed on January	14, 2019	and ass	igned
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
The 4Laws Group, LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	ation "LLC" or the abbr	eviation "L.	L.C."
Enter new principal offices address, if applie	cable:	N/A		20 HAR	
(Principal office address MUST BE A STREE			% <u>2</u>	<u> </u>	
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				=======================================	
Pater new multiperaddress if applicable		N/A		بب	
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Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(BOX)		· · · · · · · · · · · · · · · · · · ·		
		 			····
B. If amending the registered agent and/or agent and/or the new registered office addre	**	address on our recor	ds, enter the name	of the new	<u>registere</u>
Name of New Registered Agent:	N/A				<u></u>
New Registered Office Address:	N/A				
New Registered Office Address.		Enter Florida si	reet address		
			, Florida		
		City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registeng filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as p registered office	performance of my oprovided for in Chap	duties, and I am far ter 605, F.S. Or, if	niliar with this docu	h and ment is

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 adde or removed from our records:

MGR = Manager

1,14,114	t.range.	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	N/A		\ \ \ _Add
		<u> </u>	□ Remove
	N/A		□Add
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nn effective date is listender: If the date inse	ner than the date of ed, the date must be speci rted in this block does date on the Departmen	ific and cannot s not meet the	applicable sta		than 90 days af		
ecord specifies a de is filed.	layed effective date, b	out not an effe	ctive time, at	12:01 a.m. on	the earlier of:	(b) The 90th	ı day after th
	n #	2	020.				
ated MARC!	23	E Ann	<u> </u>				

Filing Fee: \$25.00