

L19000 124 326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

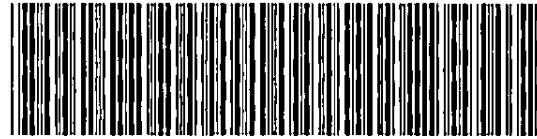
(Business Entity Name)

(Document Number)

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2019 JUL 29 PM 5:17

11.13.19

Amend/cus
Name chg.

AUG 02 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KRISTINA BRAMWELL LLC
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:

KRISTINA BRAMWELL

Name of Person

LAWGICAL ASSISTANCE LLC

Firm/Company

4932 ELIZABETH ANNE CIRCLE

Address

TAMPA, FLORIDA. 33616

City/State and Zip Code

KBRAMWELL@LAWGICALASSISTANCE.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRISTINA BRAMWELL 813 389-4937
Name of Person at () 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

KRISTINA BRAMWELL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2019 JUL 29 PM 5:17
TAMPA

The Articles of Organization for this Limited Liability Company were filed on MAY 7, 2019 and assigned Florida document number L19000124326.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LAWGICAL ASSISTANCE LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

4932 ELIZAEBTH ANNE CIRCLE

TAMPA, FL 33616

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4932 ELIZAEBTH ANNE CIRCLE

TAMPA, FL 33616

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 appending 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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	KYLE SMITH	4932 ELIZABETH ANNE CIR TAMPA, FL, 33616	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

UPDATING FEIN - 84-2508875

(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 605.0207 (3)(b)

Filing Fee: \$25.00