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TO:

Aequa	lis Socii LLC		
SUBJECT:	Name of Lim	ited Liability Company	
Division of Corporations Aequalis Socii 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: Bradley F. White, Esq. Name of Person WhiteBird Firm/Company 730 E. Strawbridge Avenue, Suite 209 Address Melbourne, Florida 32901 City/State and Zip Code bwhite@whitebirdlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Bradley F. White, Esq. Name of Person Name of Person City/State and Zip Code bwhite@whitebirdlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Bradley F. White, Esq. Name of Person Aren Code Daytime Telephone Number Enclosed is a check for the following amount: City S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee			
Please return all corres	pondence concerning this matter	to the following:	
	Bradley F. White, Esq.		
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	Socii LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Idence concerning this matter to the following: Bradley F. White, Esq. Name of Person WhiteBird Firm/Company 730 E. Strawbridge Avenue, Suite 209 Address Melbourne, Florida 32901 City/State and Zip Code bwhite@whitebirdlaw.com E-mail address: (to be used for future annual report notification) Incerning this matter, please call: at (
	Address		
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	E-mail address: (to be used for future annual report not	fication)
For further information	concerning this matter, please c	all:	
Bradley F. White, Esq,		,	
Name	of Person		ne Telephone Number
Enclosed is a check for	the following amount:		
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Tallahassee	, FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303



February 13, 2020

BRADLEY F. WHITE, ESQ. 730 E. STRAWBRIDGE AVENUE STE. 209 MELBOURNE, FL 32901

SUBJECT: AEQUALIS SOCII LLC Ref. Number: L19000222684

We have received your document for AEQUALIS SOCII LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The specific business purpose of the professional association must be stated in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 220A00003331

Irene Albritton Regulatory Specialist II

www.sunbiz.org

District Control of DO DOY COOR Melleberry Florida 2003

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AEQUALIS SOCII ELEC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on September 3, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
AEQUALIS SOCII PLLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	5.00 E	3 11
		FB -
		m &
Enter new mailing address, if applicable:		至〇
		<u>o</u>
(Mailing address MAY BE A POST OFFICE BOX)		&
		:
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of</u>	the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City: Z	ip Code

New Registered Agent's Signature, if changing Registered Agent:

A FOLIA DIO COCULTI C

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>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
		□Remove	
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lega	services in accordance with Fla. Stat. s. 621.08.	
		
	late, if other than the date of filing: (optional)	
te: If t	e 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, e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed after the date on the Department of State's records.	
ecord sp is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
	Fold Cu 215 25 2020	
ted	February 25, 2020	

Typed or printed name of signee