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2019 DEC 16 PM 5: 42

C. GOLDEN
JAN 1 6 2020

COVER LETTER

10: Registration Division o	Corporations	4,		
CUDICOT	aw Firm, PLLC			
	Name of Limited Liability Company			
The enclosed Article	es of Amendment and fee(s) are submitted for filing.			
Please return all cor	respondence concerning this matter to the following:			
	Barry Rigby, Esq.			
	Name of Person	-		
	PRA Law Firm. PLLC			
	Firm/Company	-		
	260 Wekiva Springs Road, Suite 2090			
	Address	_		
	Longwood, FL 32779			
	City/State and Zip Code	-		
	Brigby@pralawfirm.com			
For further informat	E-mail address: (to be used for future annual report notification) ion concerning this matter, please call:			
Barry Rigby, Esq.	407 697-0274			
Na	me of Person Area Code Daytime Telephone Number	г		
Enclosed is a check	for the following amount:			
□ \$25.00 Filing F	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy	ate of Status &		

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**



PRA Law Firm, PLLC

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

(A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L19000244521	were filed on September 27, 2019	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	260 Wekiva Springs Road		
(Principal office address MUST BE A STREET ADDRESS)	Suite 2090		
	Longwood, FL 32779		
Enter new mailing address, if applicable:	260 Wekiva Springs Road		
Mailing address MAY BE A POST OFFICE BOX)	Suite 2090		
	Longwood, FL 32779		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the i	name of the new regist	
New Registered Office Address:	Enter Florida street address		
	, Florida City Zip Code		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	•	Zip Code	
hereby accept the appointment as registered agent and agr vovisions of all statutes relative to the proper and complete			

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 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>	Address	Type of Action
			□ Remove
			□Change
			□Add
			□ Remove
			□Remove
			□ Add
			□Remove
			□Change
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ective date, if other than	the date of fili	ing:		(n	ntional)	
ective date, if other than a effective date is listed, the date	e must be specific a	and cannot be prior t	o date of filing or	more than 90 days a	ifter filing.) Pursuant	to 605.0207
te: If the date inserted in the cument's effective date on the			ble statutory fill	ng requirements.	this date will not b	e listed as
ecord specifies a delayed eff	ective date, but n	ot an effective tin	ne, at 12:01 a.m	on the earlier of	: (b) The 90th day	after the
is filed.						
December 10		2019				
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1	11					
	\sim \prime					
-/-//-/-	Signature of	a member or author	rized representativ	e of a member		