# L19000272324

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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## **COVER LETTER**

то:		istration Sec ision of Corp				
CVID IN	~	Ehrhardt La	w PLLC	•		
SUBJEC	UT:		Name of Lim	ited Liability Company		
			Amendment and fee(s) are sub	•		
Please re	turn	all correspor	ndence concerning this matter	to the following:		
			Audrey Ehrhardt			
				Name of Person		
	Firm/Company					
	6752 W Gulf to Lake Highway Suite 332					
				Address		
	Crystal River, Florida, 34429					
				City/State and Zip Code		
			audrey@themedicaidapplic	ationfirm.com to be used for future annual report notification)		
For furth	er in	formation co	oncerning this matter, please c			
			meeting and nation, prease o			
Name of Person		Dernon	850 933-0461at ()Area Code Daytime Telephone Number			
		Name of	reison	Area Code Dayume Telephone Number		
Enclosed	l is a	check for the	e following amount:	SI C SS 00 Filling For & C SS 00 Filling For &	<del>دراند</del>	
		iling Fee	Certificate of Status	Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327				Street Address:  Registration Section		
			orporations	Division of Corporations		
				The Centre of Tallahassee		
	I al.	lahassee, F	L 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

File

Ehrhardt Law PLLC		2021.050
(Name of the Limited Li	ability Company as it now appears of orida Limited Liability Company)	n on 1944 (1997) 27 PH 10: 28
(Ari	orius cimied cisonity Company)	Shine
The Articles of Organization for this Limited Liabili	ty Company were filed on 10/31	12019 TALLAHASS and assigned
Florida document numberL19000272324		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here	;
The Law Office of Audrey Ehrhardt, PLLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or regist	ered office address on our reco	ands anter the name of the new registers
agent and/or the new registered office address he		trus, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida	street address
		. Florida
<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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□ Add
			□ Remove
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Effec	tive date, if other than the date of filing:(optional)  ffective 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 (
Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	September 23
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00