L19000280869

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

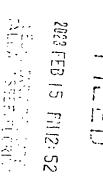
Office Use Only

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January 10, 2023

HERBERT HINSON 415 N. RICHARD JCKSON BLVD. STE 417 PANAMA CITY BEACH, FL 32407

SUBJECT: HERBERT HINSON, ATTORNEY AT LAW LLC

Ref. Number: L19000280869

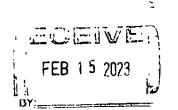
We have received your document for HERBERT HINSON, ATTORNEY AT LAW LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth 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.

Alecia Rivers Regulatory Specialist II



Letter Number: 123A00000660

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HERBERT HINSON, ATTORNEY AT I	.AW LLC			
(Name of the Limited Lia (A Flo	bility Company rida Limited Liab	as it now appea oility Company)	rs on our records.)	
The Articles of Organization for this Limited Liabilit Florida document number L19000280869	y Company wo	ere filed on 11	/12/2019	and assigned
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the l	<u>imited liabilit</u>	v company h	ere:	
HERBERT HINSON, ATTORNEY AT LAW PLLC				
The new name must be distinguishable and contain the words	Limited Liability	Company," the c	lesignation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_		4th Strai	
(Principal office address MUST BE A STREET AD	DRESS)	Panam	a city 1	= 4 32401
Enter new mailing address, if applicable:	-			27/23 FEB
(Mailing address MAY BE A POST OFFICE BOX)		· · ·		700 00 171
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office add <u>e</u> :	lress on our r	ecords, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:				
New Registered Office Address:	115 E	Enter Flor	Streat ida street address	
<u> </u>	ang ma	Lity City	Florida	32401 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.

COVER LETTER

TO: Registration Se Division of Con				
	nson. Attorney at Law LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Herbert Hinson			
		Name of Person		
	Herbert Hinson, Attorney	at Law LLC		
		Firm/Company	 -	
	415 N. Richard Jackson Bl	lvd. Suite 417		
		Address	· · · · · · · · · · · · · · · · · · ·	
	Panama City Beach, FL 3	2407		
		City/State and Zip Code		
	herbert.hinson1@gmail.con			
For further information e	e-man address: (to be used for future annual reall:	port notification)	
Herbert Hinson		850 919-5 at ()	3270	
Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed.	S60.00 Filing Certificate C ed) Certified Co (additional cop	of Status & opy

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahaaraa CL 20214

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 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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iote: If th	e date inserted	than the date ne date must be sp in this block de on the Departn	oes not meet	the applical	date of filing o ble statutory fi	more than 90 da ling requireme	_(optional) uss after filing.) nts, this date v	Pursuant to 605.020 will not be listed a
record sp I is filed.	ecifies a delaye	d effective date.	, but not an c	effective tim	e, at 12:01 a.n	1. on the earlie	r of: (b) The	90th day after the
ated (ctobe	r 6 ert Hin		2022	<u>:</u> .			
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<u></u>	Hub	er Hu	>	h	1	ve of a member	<u>. </u>	

Filing Fee: \$25.00