L2000000 1081

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C. GOLDEN

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divi	sion of Corp	orations		
	TREASURE	COAST IP LLC		
Name of Limited Liability Company				
The enclosed	Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return	all correspon	dence concerning this matter t	o the following:	
		William J Connelly, III		
			Name of Person	
			Firm/Company	
		12735 SE Old Cypress Dri		
			Address	
		Hobe Sound, Florida 3345:		
		wconnellylaw@gmail.com	City/State and Zip Code	
			o be used for future annual report noti	fication)
For further in	nformation co	ncerning this matter, please ca	all:	
William J Co	onnelly, III		732 7406628	
Name of Person at () Name of Person Area Code Daytime Telephone Number		e Telephone Number		
Enclosed is a	a check for th	e following amount:		
■ \$25.00 E	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)
	iiling Address gistration S		<u>Street Address:</u> Registration Se	
Division of Corporations P.O. Box 6327		Division of Cor The Centre of T	-	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TREASURE COAST IP LLC		2025 7 11 AH 10: 31
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L20000001087</u>	vere filed on 12/18/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
CONNELLY LAW PLLC		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	 	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	

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.

City

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
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
-			□Add
			□Remove
			□Change
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			□Change
			□Add
			Remove
			□ Change

For the practice of law.	mation, enter change(s) here:		
			
			
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			_
Note: If the date inserted in the	the date of filing: must be specific and cannot be prior to is block does not meet the applicab the Department of State's records.	date of filing or more than 90 days after	ional) r filing.) Pursuant to 605.0207 (3)(is date will not be listed as the
f the record specifies a delayed eff ecord is filed.	ective date, but not an effective tim	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated May 7	2020		
	Signature of a member or authori	zed representative of a member	
V	organiste of a member of authori	The same same same same same same same sam	

Filing Fee: \$25.00

Typed or printed name of signee