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COVER LETTER

	_	tration Sec ion of Corp						
SUBJE	CT:	Adams Law	Group, LLC					
		Name of Foreign Limited Liability Company						
Dear Si	r or M	fadam:						
The enc	losed	application	n, certificate and fee(s)) are	submitted f	or filing		
Please r	eturn	all corresp	ondence concerning th	nis m	atter to the	followin	ıg:	
Ashley A	Adams							
		1	Name of Person			-		
Adams L	aw Ll	.C						
		j.	Firm/Company			-		
1375 Jac	kson S	Street, Suite -	104					
			Address			-		
Fort Myc	ers, FL	, 33901						
		(City/State and Zip Cod	le		-		
ana@ash	leyada	amslaw.com						
E-ma	il add	lress: (to be	used for future annua	l rep	ort notificat	tion)		
For furt	her in	formation (concerning this matter	. ple	ase call:			
Ashley A			C	at	502	210-63	17	
		Name of	Person Person	_ '''		& Dayt	ime Telephone Number	
	<u>Mailir</u>	ng Address:				Street Ac	ddress:	
	Regis	stration Sec				Registra	ation Section	
		ion of Cor	porations				n of Corporations	
		Box 6327					ntre of Tallahassee	
,	Talla	hassee, FL	32314				. Monroe Street, Suite 810 ssee, FL 32303	
	Enclo	osed is a ch	neck for the following	am	ount:			
□\$25 F			\$30 Filing Fee &		\$55 Filing	Fee &	☐ \$60 Filing Fee.	
			Certificate of Status		Certified C	бору	Certificate of Status & Certified Copy	
CR2E055	(9/15)							

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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

June 3, 2020

ASHLEY ADAMS 1375 JACKSON ST STE 404 FORT MYERS, FL 33901

SUBJECT: ADAMS LAW GROUP LLC

Ref. Number: L20000016066

We have received your document for ADAMS LAW GROUP LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 320A00010988

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Ashley Adam	NS LAW LLC	
	Amendment and fee(s) are sub- indence concerning this matter	mitted for filing. to the following:	
	Ashley	Name of Person Adams Law Firm/Company	
	1375 Jack	Son Street, Suite Address	404
	Ana @ ash E-mail address: (City/State and Zip Code (149 adams / Aw. code to be used for future annual report notif	nication)
	concerning this matter, please co	all: at (317
		Area Code Daytime	e Tetephone Number
Enclosed is a check for the \$25.00 Filing Fee	he following amount: S30.00 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)

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

Group (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number L Z00000 160 66 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1375 Jackson Street 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: 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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

_. Florida

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
			Change
			□Remove
			Change
			□Add
			□Remove
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an effective date is ote: If the date	f other than the s listed, the date must inserted in this blo tive date on the De	t be specific and ca ock does not med	annot be prior to d et the applicable	ate of filing or more to statutory filing re	(optiona than 90 days after filin quirements, this dat) g.) Pursuant to 605.0207 (e will not be listed as t
record specifies is filed.	a delayed effective	e date, but not ar	i effective time,	at 12:01 a.m. on t	he carlier of: (b) 1	he 90th day after the
ated June	. 17_	·	2020		ı member	
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Filing Fee: \$25.00