# 12000020090Z

(Requestor's Name)  (Address)	800363236188
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	04/02/21 <b>0</b> 1033006 <b>*</b> ◆60.00
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#### BRUCE G. GREER, P.A.

### ATTORNEY & COUNSELOR AT LAW 1611 NORTH FEDERAL HIGHWAY

## LAKE WORTH BEACH, FLORIDA 33460 TELEPHONE: (561) 588-3311 · EMAIL: agdlaw@bellsouth.net

March 30, 2021

USPS Tracking No. 9114 9023 0722 4615 3073 43

Florida Division of Corporations Registration Section The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

Re: INSIDE-OUT PARADIGM, LLC changed to DALE G. ALEXANDER PhD LMT, LLC, FL document number L2000200902.

Dear Sir/Madam.

Under the cover of this letter enclosed please find:

- Cover letter
- Article of Amendment to Articles of Organization
- Check #2023

The purpose of the Articles of Amendment is to change the name of the LLC from INSIDE-OUT PARADIGM to DALE G. ALEXANDER PhD LMT, LLC, and to correct a typographical error located in Article III.

Thank you very much for your time and consideration.

Very truly yours.

Bruce G. Greer

Bruce G. Greer, P.A.

BGG/he Ce: client

Enclosures as stated.

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INSIDE-OUT PARADIGM, LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on July 13, 2020	and assigned
Florida document number L2000200902 .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
DALE G ALEXANDER PhD LMT, LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		282
		70
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	SS I
Mutting agaress MAT BE A FOST OF FICE BOX		0
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
<del></del>	Enter Florida street address	
	, Flor	
	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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
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