## L20 000 270138

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## **COVER LETTER**

Division of Co	rporations		
Molon Lab	e Legal, LLC		
• • • • • • • • • • • • • • • • • • •	Name of Lin	nited 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:	
	Robert G. Eastman	<u> </u>	
		Name of Person	
	Molon Labe Legal, LLC		
		Firm/Company	
	3980 South Tropical Trail		
		Address	
	Merritt Island, FL 32952		
	<del></del> -	City/State and Zip Code	
	robertgeastman@msn.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Robert G. Eastman		321 208-8433	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

Molon Labe Legal, LLC			S TI
(Name of the Limi	ted Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited L Florida document number L20000270138	·	any were filed on August 31, 2020	and assemed 5.26
This amendment is submitted to amend the following			
A. If amending name, <u>enter the new name c</u>	f the limited l	liability company here:	
Molon Labe Legal, PLLC			
The new name must be distinguishable and contain the	words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or agent and/or the new registered office addre	registered off	N/A ice address on our records, enter the	name of the new registered
agent and/or the new registered office addre	ess nere:		
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	
		, Florid	
		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>	<u>Name</u>	Address	Type of Action
	<del> </del>		□Add
			□Remove
			□Change
			□Add
			Петоve
		····	□Add
			□Remove
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			☐ Remove
			□Change
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			□Remove
			Change
			□Add
			Remove
			□Change

·	law."
These amendm	nents are submitted under the Florida Revised Limited Liability Company Act, Chapter 605, F.S.
	sional Service Corporation and Limited Liability Companies Act, Chapter 621, F.S.
· · · · · · · · · · · · · · · · · · ·	
ote: If the date inse	her than the date of filing:
is filed.	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated <u>/ /2 ( )</u>	Signature of a member or authorized representative of a member

Filing Fee: \$25.00