LR0000305494

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12/14/20

COVER LETTER

TO:

Registration Section

Divisio	on of Corp	porations		
	ost Plus Lo	egal, PLLC		
SUBJECT:	<u> </u>	Name of Limi	ted Liability Company	
The enclosed A	rticles of A	Amendment and fee(s) are subt	nitted for filing.	
Please return al	l correspoi	ndence concerning this matter t	to the following:	
		Carlena Hull		
			Name of Person	
		Cost Plus Legal, PLLC		
			Firm/Company	
		27821 S. Tamiami T.		
			Address	
		Bonita Springs, FL 34134		
			City/State and Zip Code	
		costpluslegal@gmail.com E-mail address: (1	to be used for future annual report no	tification)
For further info	ormation co	oncerning this matter, please ca		
Carlena Hull			239 220-3100 at ()	
	Name o	f Person		me Telephone Number
Enclosed is a c	heck for th	ne following amount:		
■ \$25.00 Fili	ing Fce	□ \$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)
	ng Addres stration S		Street Address: Registration S	ection
Divis		orporations	Division of Co The Centre of	orporations
		FL 32314		oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cost Plus Legal, PLLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000308494</u>	were filed on September 30, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	27821 S. Tamiami Tr., Suite 2	
Principal office address MUST BE A STREET ADDRESS)	Bonita Springs, FL 34134	2020
		*0 T
Enter new mailing address, if applicable:		6
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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 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
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			□Remove
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			□Change

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ective date, if other the effective date is listed, the ete: If the date inserted in ument's effective date or	late must be specific this block does n	and cannot be position of meet the app	rior to date of fil blicable statute	ing or more than 9	(optional days after filing ements, this date	2.) Pursuant to 605.00
cord specifies a delayed of filed.	ffective date, but	not an effectiv	e time, at 12:0	l a.m. on the ea	rlier of: (b) T	he 90th day after th
October 30		2020	 · ^			
		11/	$\Delta\Omega$			