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COVER LETTER

Tallahassee, FL 32314

TO:

	legistration Se Division of Cor			
con wea	• •	Tice of Lindsay E lawrence, PL	LC	
SUBJEC1	ı:	Name of Limi	ted Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please rett	ırn all correspo	ndence concerning this matter t	o the following:	
		Lindsay L Chase		
			Name of Person	
		The Law office of Lindsay	L Chase, PLLC	
			Firm/Company	<u> </u>
		505 SW 13 Street		
			Address	
		Ft Lauderdale, Fl 33315		
		1	City/State and Zip Code	
		E-mail address: (1	o be used for future annual report no	ntification)
For furthe	r information c	oncerning this matter, please ea	all:	
Lindsay l	_ Chase		954 918-1999	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed	is a check for the	he following amount:		
□ \$25.0	0) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address: Registration S	Section
	Division of C		Division of C	
I	P.O. Box 632	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Law office of Lindsay E Lawrence, PLLC				
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Lability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 12/3/2020 and assigned			
Florida document number L20000378422				
This amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited liab	ility company here:			
The Law Office of Lindsay L Chase, PLLC				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	505 SW 13 St			
(Principal office address MUST BE A STREET ADDRESS)	Ft Lauderdale, Fl 33315			
	· · · · · · · · · · · · · · · · · · ·			
Enter new mailing address, if applicable:	505 SW 13 St			
Mailing address MAY BE A POST OFFICE BOX)	Ft Lauderdale Fl 33315			
B. If amending the registered agent and/or registered office :	address on our records, enter the name of the new revisto			
agent and/or the new registered office address here:	2 NOV			
	表 2			
Name of New Registered Agent:	136			
New Registered Office Address:	AH T			
	Enter Florida street address			
 	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 Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Remove
			DChange
			□Add
			□Remove
			□Change
			□Remove
			□Change
			⊡Add
			□Remove
			Ti Changa

ffective date, if other than the date of filing: Nov 10 2022 (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Process: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wis occument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The state of the date of the date of the date of the date.	
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November 10.2022	
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November 10,2022 Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	_

Filing Fee: \$25.00