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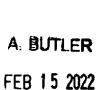
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#### **COVER LETTER**

Division of Corpo	orations		:
SUBJECT: Famil	y Inheritane Name of Lim	E LAW FIRM LL ited Liability Company	C .
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Bernadine	Philippt Name of Person	<del></del>
	Family I	Theritance Law Firm/Company	FIRM LLC
	9291 N.	U 55th Stypet Address	
	_ Sumrise	FIDTIDA 33351 City/State and Zip Code	
	CHONE E-mail address: (t	CUNDINITIONS OF GYNGS	fication)
For further information con	cerning this matter, please ca	ili:	
Btrnadine Name of P	Philippe	at (954) U75 Area Code Daytim	- 2406 e Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee &     Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<b></b>			

Mailing Address:

TO:

Registration Section

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

Family Inheritance Law Firm P.L.L.C.  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  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)  Enter new mailing 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  Florida  Florida	Family Inheritance Lo (Name of the Limited Liability Compa (A Florida Limited)	, <u>(</u>
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  Family Inheritance Law Firm P.L.L. C.  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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)  Enter new mailing the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Florida	The Articles of Organization for this Limited Liability Company	were filed on February 4, 2021 and assigned
A. If amending name, enter the new name of the limited liability company here:  Family Inheritance Law Firm P. L. L. C.  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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)  Enter new mailing 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  Florida		
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)  Enter new mailing the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered Agent:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	A. If amending name, enter the new name of the limited liab	<del></del>
CPrincipal office address MUST BE A STREET ADDRESS  # 1013   Tamicific   FL 33319	The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
(Mailing address MAY BE A POST OFFICE BOX)  TUMBUC FL 33319  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  Florida		# 1013
Tamwac FL 33319  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  Florida	Enter new mailing address, if applicable:	LURUS LUEST COMMERCIAL BIND
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  Florida	(Mailing address MAY BE A POST OFFICE BOX)	
New Registered Office Address:  Enter Florida street address  Florida	B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Enter Florida street address, Florida	Name of New Registered Agent:	
, Florida	New Registered Office Address:	Enter Florida street address
Cin $Cin$		, Florida

#### 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>	Name	Address	Type of Action
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			□Remove
			Change
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ffective date, if an effective date is Note: If the date is locument's effect	listed, the date mus inserted in this blo	be specific ock does n	and cannot of meet the	e applicabl	late of filir	ng or more Ty filing re	than 90 c	_ (option lays after filents, this d	line \ Pur	suant to 605.02 not be listed	:07 ( as t
record specifies a	a delayed effective	date, but	not an effe	ective time	at 12:01	a.m. on t	the earli	er of: (b)	The 90	th day after th	ıc
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	mber 28	Signature o	MUU f a member	Or authoriz	d represei	ntative of a	membe	-	<del>_</del>		
				1-e D							

Filing Fee: \$25.00



651 East Jefferson Street Tallahassee, FL 32399-2300

Joshua E. Doyle Executive Director

850/561-5600 www.FLORIDABAR.org

State of Florida )
County of Leon )

In Re: 0093626

Bernadine Innocent Philippe Allstate Insurance Company 4443 Lyons Rd Ste 206

Coconut Creek, FL 33073-4388

#### I CERTIFY THE FOLLOWING:

I am the custodian of membership records of The Florida Bar.

Membership records of The Florida Bar indicate that The Florida Bar member listed above was admitted to practice law in the state of Florida on September 20, 2011.

The Florida Bar member above is an active member in good standing of The Florida Bar who is eligible to practice law in the state of Florida.

Dated this 28th day of December, 2021.

Cyrthia B. Jackson

Cynthia B. Jackson, CFO Administration Division The Florida Bar

PG:R10 CTM-163943





651 East Jefferson Street Tallahassee, FL 32399-2300

Joshua E. Doyle Executive Director

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Dated this 28th day of December, 2021.

Cyrithia B. Jackson

Cynthia B. Jackson, CFO Administration Division

The Florida Bar

PG:R10 CTM-163943 ORIO 1950



Division of Corporations

## FLORIDA DEPARTMENT OF STATE 2022 FEB 14 PM 12: 22

SECRETARY OF STATE

January 19, 2022

BERNADINE PHILIPPE 9291 N.W. 55TH STREET SUNRISE, FL 33351

SUBJECT: FAMILY INHERITANCE LAW FIRM LLC

Ref. Number: L21000061522

We have received your document for FAMILY INHERITANCE LAW FIRM 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):

YOU NEED TO PROVIDE A SPECIFIC PURPOSE OF THE NAUTURE OF YOUR BUSINESS.

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.

Anissa Butler Regulatory Specialist II

Letter Number: 422A00001448