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COVER LETTER

	gistration Sectivision of Corp							
eun irzyr.	HERTEL LE							
SUBJECT:		Name of Lim	nited Liability Comp	any				
The enclose	d Articles of A	mendment and fee(s) are sub	omitted for filing.					
Please retur	n all correspon	dence concerning this matter	to the following:					
		Ronald A. Hertel						
			Name of Per	son				
		Hertel Legal PLLC						
			Firm/Compa	any				
		140 South Atlantic Avenu	e. Suite 201					
			Address					
	Ormond Beach, Florida 32176							
			City/State and Zi	p Code	-			
		ron@hertellegal.com E-mail address: (to be used for future	annual rep	port notification	<u> </u>		
For further i	nformation cor	ncerning this matter, please c	all:					
Ronald A. I	lertel		386	238-9)899			
	Name of I	Person	Area Co	de	Daytime Teleph	none Number	_	
Enclosed is	a check for the	following amount:						
\$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filin Certified C (additional co	ору		S60.00 Filing Certificate of Certified Cop (additional copy	Status &	0
Re Di P.0	niling Address: gistration Servision of Co D. Box 6327 Hahassee, FI	ection rporations	R D T 24	oivision of he Centr 415 N. N	ress: on Section of Corporation re of Tallaha Monroe Street ee, FL 3230	ssee et. Suite 810	A II: 35	J

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HERTEL LEGAL PLLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were tiled on $\frac{2/22/2021}{2}$ and assigned Florida document number _L21000076494 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 140 South Atlantic Avenue Enter new principal offices address, if applicable: Suite 201 (Principal office address MUST BE A STREET ADDRESS) Ormond Beach, Florida 32176 140 South Atlantic Avenue Enter new mailing address, if applicable: Suite 201 (Mailing address MAY BE A POST OFFICE BOX) Ormond Beach, Florida 32176 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: 140 South Atlantic Avenue, Suite 201 New Registered Office Address: Enter Florida street address Ormond Beach

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 the 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.

New Registered Agent's Signature, if changing Registered Agent:

City

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

Title	<u>Name</u>	Address	Type of Action
MGR	Ronald A Hertel	140 South Atlantic Avenue	
		Suite 201	□Remove
		Ormond Beach, Florida 32176	■Change
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effective date is listed, the date mu	ast be specific and cannot be prior to date of filin	g or more than 90 days after filing.) Pursuam	to 605
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ord specifies a delayed effecti filed.	ve date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 20th da	y áfte
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March 31	2021	<u>P</u>	
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	Signature of a member or authorized represen	itative of a member	

Filing Fee: \$25.00