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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations			
	CRANFOR	RD LAW, PLEC			
SUBJECT:		Name of Lin	nited Liability Company		-
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	indence concerning this matter	to the following:		
		Jeremy T. Cranford			
			Name of Person		
		Cranford Law, PLLC			
			Firm/Company		202
		PO Box 5619			
			Address	***	_ = = = = = = = = = = = = = = = = = = =
		Destin, FL 32540			- TD
		jteranford@cranford.law	City/State and Zip Code to be used for future annual report no		2021 JUN 16 PH 4: 04 5-4-6 7 7 25 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
For further in	nformation c	oncerning this matter, please c	·	uncanon)	
Jeremy T. C	ranford		850 502-3353		
-	Name o	l'Person	Area Code Daytii	ne Telephone Numb	er
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, rate of Status & rd Copy al copy is enclosed)
Reg	lling Addres gistration S	Section	<u>Street Address:</u> Registration Se		
Division of Corporations P.O. Box 6327			Division of Co The Centre of	•	
	lahassee. F			oe Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRANFORD LAW, 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 filed on 02/16/2021 and assigned Florida document number L21000078902 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CRANFORD LAW, PL 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) PO Box 5619 Enter new mailing address, if applicable: Destin, FL 32540 (Mailing address MAY BE A POST OFFICE BOX) (NOTE: zip code being corrected hereby). 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

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.

Citv

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>	<u>Address</u>	Type of Action
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			□Remove
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Typed or printed name of signee

Jeremy T. Cranford, Manager

Filing Fee: \$25.00