Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

DRESCHER LAW PLLC Certificate of Status Certified Copy 04 Page Count \$25.00 Estimated Charge

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRESCHER LAW PLLC (Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our recor	<u>'ds.</u>)		
(A Florida Limited Li	iability Company)			
The Articles of Organization for this Limited Liability Company v	were filed on 04/08/2021		and assigned	
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
Relief Legal PLLC				
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "Ll.	.C" or the abbrev	iation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		Ŷ <i>à</i>		
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Enter new mailing address, if applicable:		121 -		
(Mailing address MAY BE A POST OFFICE BOX)		<u>्र</u> िक	-} □	
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		10 2 16 2		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	iddress on our records, ente	er the name of	the new regi	
51 B 2 1 1/3/07 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Enter Florida street addi	ress		
New Registered Office Address:				
New Registered Office Address:		Florida	Zip Code	

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
			Change
			□Add
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Sign	ature of a member or aut	horized representative	of a member		
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