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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CUDIE		DVICE & TRIAL OR RESOL	UTION ASSOCIATES, PLLC	
SUBJE	<u></u>	Name of Lin	nited Liability Company	<del> </del>
The encl	iosed Articles of	Amendment and fee(s) are sub	omuted for filing.	
		ondence concerning this matter	-	
		JENNY VARGAS DE PE	REZ-CORUJO	
			Name of Person	
		LEGAL ADVICE & TRIA	AL OR RESOLUTION ASSOC	IATES, PLLC
			Firm/Company	
		618 EAST SOUTH STRE	Er	
			Address	<del></del>
		ORLANDO, FLORIDA 3	2801	
			City/State and Zip Code	
		JENNY@ADVICEANDT		
		E-mail address: (	to be used for future annual report i	notification)
For furth	er information c	oncerning this matter, please c	all:	
JENNY	VARGAS DE P	EREZ-CORUJO	855 853-453-	4254
	Name o	Person	at ()	time Telephone Number
Enclosed	l is a check for th	te following amount:		
	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Division of C The Centre o 2415 N. Mon Tallahassee,	Section Corporations f Tallahassee Iroc Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## LEGAL ADVICE & TRIAL OR RESOLUTION ASSOCIATES, 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 APRIL 16, 2021	and assigned
Florida document number L21000164755		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
LEGAL ADVICE & TRIAL OR RESOLUTION ADVOCACY, PLL	c	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		건:0
		- · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	
·		
B. If amending the registered agent and/or registered office a	address on our records, enter the nam	e of the new registered
agent and/or the new registered office address here:		; ;
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida siree: address	
	, Florida	
	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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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record is file	specifies a delay	yed effective date	, but not an effo	ective time, at !	2:01 a.m. on the	earlier of: (b)	The 90th day after t
ated _	APRIL 17		202	.4 			
			/a -	01			
				* * * *			

Filing Fee: \$25.00