## K21000263565

(Requestor's Name)	
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## **COVER LETTER**

TO:	Reg Divi	istration Section of Corp	tion orations			
CUDIE	or.	Adelson Law	Group, PLLC			
SUBJE	CI.		Name of Lim	ited Liability Company		
			mendment and fee(s) are sub	-		
			Stephanie Raphael Adelson	n		
				Name of Person	<del></del>	
			Adelson Law Office, PLLO	C		
				Firm/Company		
			P.O. Box 22524			
				Address		
			Tampa, Florida 33622			
				City/State and Zip Code		
			atty.adelson@gmail.com	to be used for future annual report notification	on)	
For furth	ner ir	nformation con	ncerning this matter, please co	•	2027	F+ 12°
Stephan	ie R.	Adelson Esq.		813 834-7505 at ( )		ۇ ئ تەرىپ ئىدۇرورى
		Name of	Person		phone Number	
Enclosed	d is a	check for the	following amount:		<u>.</u>	lac-
<b>≅ \$</b> 25	.00 F	Filing Fee	☐ \$30.00 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 Address: 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

Adelson Law Group, 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 06/07/2021	ىب and assigned
Florida document number L21000263565	<u>-</u>	ى
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Adelson Law Office, PLLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	5401 West Kennedy Blvd	
	Tampa, FL 33609	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 22524	
	Tampa, FL 33622	
agent and/or the new registered office address here:  Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str <b>e</b> et address	5
	, Flo	Orida
New Registered Agent's Signature, if changing Registered Agent:	•	zφ code
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publiced to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I fur performance of my duties, an provided for in Chapter 605, I	nd I am familiar with and F.S. Or, if this document is

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
		<del></del>	□Change
			□Add
			□Remove
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Effective date, if other than the date	of filing:			(optio	nal)	
If an effective date is listed, the date must be sp. Note: If the date inserted in this block didocument's effective date on the Departr	occific and cannot be possible and cannot be possible and cannot be appropriately an armonic and cannot be possible and cannot be possibl	prior to date oplicable st	of filing or more	than 90 days after	filing.) Pursuant to	605.0207 listed as
accument o encourre date on the Departi	nem of batte 3 rece	0143.				
e record specifies a delayed effective date rd is filed.	, but not an effecti	ive time, at	12:01 a.m. on t	he earlier of: (b)	The 90th day a	fter the
Dated February 08	2022					
St. A. O. A.	10					
Stephanie R. Ac Signa	ture of a member or	authorized n	enrecentative of	member		
S. Sum	one of the impulibries of the	addition [	opresentative Of E	i memoei		

Filing Fee: \$25.00