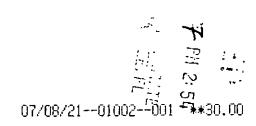
L21000296643

(Req	uestor's Name)	
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			•
KE Law Gr	oup, PLLC		ì
SUBJECT:	Name of Lim	ited Liability Company	·············
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter	_	
	Jere L Earlywine		
		Name of Person	-
	KE Law Group, PLLC		
		Firm/Company	·
	9805 Waters Meet Drive		
		Address	
	Tallahassee, Florida 32312		
	 	City/State and Zip Code	
	jere@kelawgroup.com		
		to be used for future annual report notif	lication)
For further information of	oncerning this matter, please c	all:	
Jere L Earlywine		850 528-6152 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration Sec	ction
Division of C		Division of Cor	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

KE LAW GROUP, PLLC				_
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on June 27, 2021	·	and	assigned
lorida document number L21000296643				
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" (or the abb	reviation	"L.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)				
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	ie name	of the	new regist
Name of New Registered Agent:		-	-',	•
Traine of them tograded rigem.		77		7 : .
New Registered Office Address:	Enter Florida street address	777 - 1	25	<u>C.)</u>
	Flor	ida	, <u>;</u> ,,	
	City		Zip Ce	nde

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jennifer L Kilinski	1815 Old Fort Road	≣ ∧dd
		Tallahassee, Florida 32301	□Remove
		<u> </u>	☐Change
			□Add
			Remove
			□Change
			□Add
			□Remove
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ective date, if other than effective date is listed, the date te: If the date inserted in the ument's effective date on the	s block does not me	et the applicable	ate of filing or more statutory filing r	than 90 days after fi requirements, this c	ling.) Pursuant to 605.0207 late will not be listed as
ecord specifies a delayed effe s filed.	ctive date, but not a	n effective time,	at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
ted July 7		2021			
	·		•		
Ja	uzr	<u> </u>			
Je	Signature of a mo	ember or authorize	ed representative of	a member	

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