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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	,-

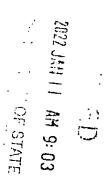
Office Use Only

A. RIVERS
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## **COVER LETTER**

r TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	EASY LEGAL TEMPLATES	LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Elizabeth Michael Franks		
	<del></del>	Name of Person	
	FRANK & EASY LEGAL	TEMPLATES LLC	
		Firm/Company	
	745 Cedar Forest Circle		
		Address	
	Orlando/Florida 32828		
		City/State and Zip Code	<del></del>
	efranksjd@gmail.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Elizabeth M. Franks		321 200-2646	
Name o	of Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	rporations
P.O. Box 632	27	The Centre of T	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRANK & EASY LEGAL TEMPLATES LLC

(A)	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
he Articles of Organization for this Limited Liabi	oility Company were filed on 8/17/2021	and assigned
lorida document number L21000368934	·	
his amendment is submitted to amend the followi	ing:	
. If amending name, enter the new name of th	he limited liability company here:	
lizabeth Franks, LLC		
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicabl	le:	
Principal office address MUST BE A STREET A	ADDRESS)	
inter new mailing address, if applicable:		
•		
Ç. , , , ,		
Mailing address MAY BE A POST OFFICE BO  . If amending the registered agent and/or regi	istered office address on our records, enter the na	
Mailing address MAY BE A POST OFFICE BO  3. If amending the registered agent and/or regi	istered office address on our records, <u>enter the na</u> here:	ame of the new region 2022 J.
Mailing address MAY BE A POST OFFICE BO  If amending the registered agent and/or registered office address h	istered office address on our records, <u>enter the na</u> here:	ame of the new regineral 2022 J.
Mailing address MAY BE A POST OFFICE BO  3. If amending the registered agent and/or registered and/or the new registered office address have a Name of New Registered Agent:	istered office address on our records, <u>enter the na</u> here:	ame of the new regineral 2022 J.
Mailing address MAY BE A POST OFFICE BO  3. If amending the registered agent and/or registered and/or the new registered office address have a Name of New Registered Agent:	istered office address on our records, <u>enter the na</u> here:	

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
			□ Add
			□Remove
			□ Change
			□Add
			Remove
			□Add
			□Remove
			Change
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