## 12200412304

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(Document Number)
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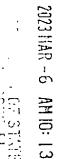
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
	Wit Law Gr	roup, PLLC		
SUBJE	CT:	- <del></del> -:		· <del>-</del>
		Name of Limi	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please i	return all correspo	ondence concerning this matter	to the following:	
		Andrew J. Wit, Esq.		
			Name of Person	
		Wit Law, PLLC		
			Firm/Company	<del></del>
		2102 W. Cass St., 2nd Floor	r	
			Address	
		Tampa, Florida 33606		
		-	City/State and Zip Code	· ,
		awit@wit-law.com		
		E-mail address: (t	o be used for future annual report not	fication)
For furt	her information c	oncerning this matter, please ca	ill:	
Andrew	Wit		904 254-5106	
	Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclose	d is a check for th	ne following amount:		
<b>\$25</b>	5.00 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:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wit Law Group, PLLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) (ability Company)	
The Articles of Organization for this Limited Liability Company velocida document number 1.22000412304	were filed on 9/21/2022	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Vit Law, PLLC		
he new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202 SS
Principal office address MUST BE A STREET ADDRESS)		2020 HAR
		1 2
		% = M
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<del></del>
. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	ldress on our records, enter the	name of the new regist
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin Coda

## 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 Changing Registered Agent, Signature of New Registered Agent

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
		<del></del>	□Remove
			Change
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Effective date, if other than the	e date of filing:	(opti	onal)
f an effective date is listed, the date mu	st be specific and cannot be prior lock does not meet the applica	to date of filing or more than 90 days after able statutory filing requirements, thi	tiling.) Pursuant to 605.0207
e record specifies a delayed effectived is filed.	e date, but not an effective tir	ne, at 12:01 a.m. on the earlier of: (b	The 90th day after the
February 7	2023		
·		<u> </u>	
DatedA			
Auth	Signature of a member or autho	rized representative of a member	

. . .