## L22000449114

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## **COVER LETTER**

DH Law F SUBJECT:			
SUBJECT:	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter (	to the following:	
	James Horne		
		Name of Person	
	DH Law Firm, LLC		
		Firm/Company	<u> </u>
	9040 Town Center Pkwy		
		Address	· <del></del>
	Lakewood Ranch, FL 3420	2	
	jhorne@jhornelaw.com	City/State and Zip Code	
	= :	o be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
James Horne		941 210-6000 at ()	
Name	of Person	Area Code Daytime	: 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:
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

DH Law Firm, LLC					
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it no la Limited Liability Co	w appears on our reco impany)	rds.)		
The Articles of Organization for this Limited Liability (	Company were file	d on <u>10/18/2022</u>		_ and assig	med
Florida document number L22000449114	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liability com	pany here:			
DH Law Firm, PLLC					
The new name must be distinguishable and contain the words "Lin	mited Liability Compar	ny." the designation "Ll	LC" or the abbre	viation "L.L.	C."
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADD	RESS)				
Enter new mailing address, if applicable:	-	<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registere		on our records, <u>ent</u>	er the name o	of the new	register
agent and/or the new registered office address here:					
Name of New Registered Agent:					
Name of New Registered Agent.				2[	
New Registered Office Address:		Enter Florida street add		2022 NOV	
	,			40 V	17
	Citv	, ]	Florida <u>7</u>	-Zip Code	
v D. i.e I A Ci	•				
New Registered Agent's Signature, if changing Register	eu Agent:		11		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			🗖 Remove
			□Remove
			Change
			□ Remove
			Change
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an effective date is list ote: If the date ins	erted in this block does i	ic and cannot be prio not meet the applic	r to date of filing or me cable statutory filin	ore than 90 days after g requirements, this	filing.) Pursuant to 605.020 date will not be listed a
ocument's effective	date on the Department	of State's records	i.		
record specifies a de	slaved effective date, bu	t not an effective t	ime, at 12:01 a.m.	on the earlier of: (h	) The 90th day after the
is filed.	mayer erretive dute, on	t an encoure		on me <b>sa</b> mer on (o	, , , , , , , , , , , , , , , , ,
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