L23000001009

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| | | |
| (Ad | dress) | |
| | | |
| (Ad | dress) | |
| | | |
| (Cit | y/State/Zip/Phone | e #) |
| , | • | ŕ |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| . (Ru | siness Entity Nar | ne) |
| (Du | Siness Entity Har | ne, |
| (Da | cument Number) | |
| (00 | cument number) | |
| 0.17.10.1 | 0.47 | |
| Certified Copies | _ Certificates | s of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



400434168054

08/02/24--01009--003 **25.00

TO THE PHI2: 21

Expedient

COVER LETTER

| TO: Registration S Division of Co | | | | |
|--------------------------------------|---|---|--|---------------|
| CUBICOT | M. FULLER, ESQ. LLC | | | |
| Sobster. | Name of Lim | ited Liability Company | | |
| | Amendment and fee(s) are sub ondence concerning this matter | - | | |
| | CARYNA M. FULLER | | | |
| | | Name of Person | . | |
| | <u> </u> | Firm/Company | | |
| | 7313 EGYPT LAKE DRIV | VΕ | | • • |
| | | Address | Ť : | |
| | TAMPA, FLORIDA 3361- | 4 | | |
| | CARYNA@FULLERLAW | City/State and Zip Code FL.COM | ; , , , , , , , , , , , , , , , , , , , | . P |
| | E-mail address: (| to be used for future annual rep | port notification) | PH I2: 21 |
| For further information | concerning this matter, please c | all: | [T | 1 — |
| CARYNA M. FULLER | | 813 919-6 | 5959 | |
| Name (| of Person | Area Code | Daytime Telephone Number | |
| Enclosed is a check for t | the following amount: | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | sed) Certified (| e of Status & |

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

| CARYNA M. FULLER, ESQ. LLC | | |
|--|--|------------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our records. Liability Company) | (, |
| The Articles of Organization for this Limited Liability Company | were filed on 12/27/2022 | and assigned |
| Torida document number L23000001009 | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited liab | ility company here: | |
| CARYNA M. FULLER, ESQ. PLLC | | |
| he new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" | or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | 1924 W. DR. MARTIN LUTHE | R KING JR. BLVD. |
| r Principal office address MUST BE A STREET ADDRESS) | TAMPA, FLORIDA 33607 | <u> </u> |
| | | |
| | | 7. |
| nter new mailing address, if applicable: | 7313 EGYPT LAKE DRIVE | |
| Mailing address MAY BE A POST OFFICE BOX) | TAMPA, FLORIDA 33614 | 195 B |
| | | 5 D |
| | | [] - |
| . If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter t</u> | he name of the new regist |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Flor | |
| | City | Zip Code |

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 |
|--------------|-----------------|-----------------------|--|
| MGE | BRITT A. FULLER | 7313 EGYPT LAKE DRIVE | □ Add |
| | | TAMPA, FLORIDA 33614 | ■Remove |
| | | | □Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □ Remove |
| | | | Change Ch |
| | | | □Remove |
| | | | □Change |
| | | | bbA□ |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Changa |

| gers. officers, etc. of a firm. |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| A. I |
| |
| 2 × |
| |
| 7. 7. 2. 7H 12. 15. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15 |

Typed or printed name of signee