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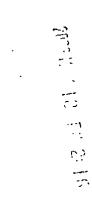
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	alling Officer;	

Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Florida Vir	tual Probate Paralegals, LLC		
SUBJECT.		Name of Lin	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		MICHAEL BUCKLEY		
			Name of Person	
		Florida Virtual Probate Pa	ralegals, LLC	
			Firm/Company	
		940 Sweetwater Lane, #51	5	
			Address	
		Boca Raton, FL 33431		~~ <u>`</u>
			City/State and Zip Code	:
		info@fvppllc.com		
		E-mail address: (to be used for future annual report not	ification)
For further in	formation c	oncerning this matter, please c	all:	
MICHAEL F	BUCKLEY		954 609-7293 at ()	33
	Name o	f Person	Area Code Daytin	ne Telephone Number 25
Enclosed is a	check for th	ne following amount:		
≘ \$25.00 Fi	iling Fee	S30.00 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)
Reg Div P.O	ling Addressistration Sision of Co. Box 632	Section orporations 7	Street Address: Registration Se Division of Co The Centre of T	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Virtual Probate Paralegals, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 17, 2023 ___ and assigned Florida document number 1.23000029292 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MELISSA BUCKLEY	940 Sweetwater Lane, #515	≣ Add
		Boca Raton, FL 33431	□Remove
			□Change
			□Add
			□Remove □ □ □ Change
			□Ādd
			□Remove
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Effective date, if other than fan effective date is listed, the date Note: If the date inserted in this	the date of filing:	to date of filing or more than 90 d	_ (optional) ays after filing.) Pursuant to 605.0207 ents, this date will not be listed as
document's effective date on th	ie Department of State's records		ins, this date will not be fisted as
e record specifies a delayed efferd is filed.	ective date, but not an effective t	ime, at 12:01 a.m. on the earlie	er of: (b) The 90th day after the
Dated May t0th	. 2023		
Dated May 10th	. 2023	 	

Filing Fee: \$25.00

Typed or printed name of signee