L23000053035

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(Address)
(Address)
(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Templeton Edwards LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Benjamin Edwards Name of Person
Templiton Edwards LLC Firm/Company
463 Windley Dr
St. Augusting FL 32092 City/State and Zip Code
5 edwards 0323 (gama) com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Benjamin Edwards at (813) 695-0334 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 19, 2024

BENJAMIN EDWARDS TEMPLETON EDWARDS, LLC 463 WINDLEY DRIVE ST. AUGUSTINE, FL 32092

SUBJECT: TEMPLETON EDWARDS, LLC

Ref. Number: L23000053035

We have received your document for TEMPLETON EDWARDS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Conversion cannot be filed to change from an LLC to PLLC. You must file the Articles of Amendment to change the Name. (suffix)

 \checkmark

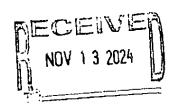
The specific purpose of the entity must be set forth in the document.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 124A00013419





ARTICLES OF AMENDMENT † TO ARTICLES OF ORGANIZATION OF

FILED

1 empleton Edic		2024 NOV 13 PM 3: 30
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our re Liability Company)	TALLAHASSEE FLORIDA
The Articles of Organization for this Limited Liability Company	y were filed on $\frac{1}{3}$	0/2023 and assigned
Florida document number <u>L 2 3 0 0 0 5 3</u> , 0 1		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
Templeton Edinaciós.	PLLC	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Na - 5	my
(Principal office address MUST BE A STREET ADDRESS)		
		· -
	1	
Enter new mailing address, if applicable:	a/a - san	7(
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, e	nter the name of the new registered
Name of New Registered Agent:	10	
	/ * ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	
New Registered Office Address:	Enter Florida street aa	ddress
	City	, Florida 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 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>	<u>Address</u>	Type of Action
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		11/ 1	□Change
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Filing Fee: \$25.00