L23000190669

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COVER LETTER

TO: Registration Section **Division of Corporations**

JLM EXPRESS PROCESS SERVERS LLC

SUBJECT:			
	Name of Lim	ited Liability Company	2
			2023 . 191
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	1
Please return all correspo	ondence concerning this matter	to the following:	. 6
	NICHOLE WEALE		9: 23
		Name of Person	
	COHEN, LaBARBERA &	LANDRIGAN, LLP	·
		Firm/Company	
	99 BROOKSIDE AVENU	E	
		Address	
	CHESTER, NEW YORK	10918	
	gregg@prolegalserve.com	City/State and Zip Code	
		to be used for future annual report notifi	cation)
For further information e	oncerning this matter, please ca	all:	
Nichole Weale		845 291-1900 at ()	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	2 \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60,00 Fiting 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

2023 JUL 26 AH S

JLM EXPRESS PROCESS SERVERS 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 $\underline{\text{APRIL }18,2023}$ and assigned Florida document number _____L23000190669 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LEGAL AUTOMATION AFFLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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.

City

_, Florida _

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
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			□Remove 203 □Change
			計 団Remove 23
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ective date, if other than the da effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Depa	specific and cannot be prior to date of f does not meet the applicable statut	(optional) filing or more than 90 days after filing.) F tory filing requirements, this date w	tursuant to 605.02 ill not be listed a
cord specifies a delayed effective da s filed.	nte, but not an effective time, at 12:	:01 a.m. on the earlier of: (b) The	90th day after th
July 19th	. 2023		
C-A			
_	nature of a member or authorized repro		

Filing Fee: \$25.00