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eun irzw.		D BACON ATTORNEYS, LL	C	
SUBJECT:	_	Name of Line	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		JESSICA B. MOON		
			Name of Person	
		ROTH BACON MOON A	ATTORNEYS, LLC	
			Firm/Company	·
		50 COURT STREET		
			Address	
		UPPER SANDUSKY, OI	H 43351	
		JMOON@ROTHBACON	City/State and Zip Code	
		-	to be used for future annual rep	ort notification)
For further i	nformation c	concerning this matter, please ca	all:	
DAVID F. E	BACON		419 294-2	2232
	Name c	of Person	at () Area Code	Daytime Telephone Number
Enclosed is	a check for t	he following amount:		
■ \$25.00 l	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di	niling Addre gistration vision of C O. Box 632	Section Corporations	Division of	ress: on Section of Corporations re of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROTH AND BACON ATTORNEYS, 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 February 28, 2011 and assigned Florida document number M11000001047 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ROTH BACON MOON ATTORNEYS, LLC 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:

City

Enter Florida street address , Florida

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>	Address	Type of Action
-			CJ Add
			□Remove
			□Change
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
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			□Add
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			□Remove
			□Change

Effective date, if other than the date of filing: (uptional)		
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	February Dated	2021
	Sn	
JESSICA B. MOON		Signature of a member or authorized representative of a member
	JESSICA B. MOO	N

Filing Fee: \$25.00