

M15000007947

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: documents@incorp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AMICUS LEGAL STAFFING LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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2015 DEC 10 AM 11:54
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15 DEC 10 AM 10:42
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EXAMINER
DEC 11 2015

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H150002915513

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMICUS LEGAL STAFFING LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JoAnne Stefanov

Name of Person

Incorp Services, Inc.

Firm/Company

2380 Corporate Circle, Suite 400

Address

Henderson, NV 89074

City/State and Zip Code

documents@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JoAnne Stefanov for Incorp Services, Inc. at 702 866-2500
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E055 (9/15)

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: AMICUS LEGAL STAFFING LLC

Enter new principal office 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)*

2. The Florida document number of this limited liability company is: M15000007947

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10/05/2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: AMICUS LITIGATION MANAGEMENT, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

_____, Florida _____
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 Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Michelle Morgan

 Signature of the authorized representative

Michelle Morgan

 Typed or printed name of signee

Filing Fee: \$25.00

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Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "AMICUS LEGAL STAFFING LLC", CHANGING ITS NAME FROM "AMICUS LEGAL STAFFING LLC" TO "AMICUS LITIGATION MANAGEMENT, LLC", FILED IN THIS OFFICE ON THE FIFTH DAY OF NOVEMBER, A.D. 2015, AT 11 O'CLOCK A.M.

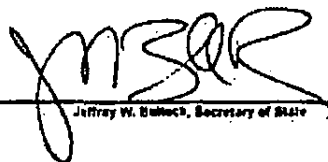
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5710827 8100
SR# 20151024608

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 10535408
Date: 12-03-15

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State of Delaware
Secretary of State
Division of Corporations
Delivered 11:00 AM 11/05/2015
FILED 11:00 AM 11/05/2015
SR 20150790196 - File Number 5710827

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Amicus Legal Staffing LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

First Article: The name of the Limited Liability Company is:
Amicus Litigation Management, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 4th day of November, A.D. 2015.

By: 

Authorized Person(s)

Name: Michelle Morgan

Print or Type

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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