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I ALBRITTON

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 12/21/2021	- **WALK IN**
ENTITY NAME LAWGI	(LAWYERS, LLC
DOCUMENT NUMBER_	
	PLEASE FILE THE ATTACHED AND RETURN
XXXXXXX	Plain Copy
	Certified Copy
	Certificate of Status
	<u></u>
*1	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Status
	Certificate of Status Reflecting:
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTINAT	CON
NUMBER OF CERTIFICAT	ES REQUESTED
TOTAL OWED \$ 25.00	ACCOUNT # 120160000072 4: C)
Please call Tina at th	e above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LAWGIX LAWYERS, 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:
Thomas Michael, Jr.
Name of Person
LAWGIX LAWYERS, LLC
Firm/Company
1000 CLIFF MINE RD., STE 330
Address
PITTSBURGH, PA 15275
City/State and Zip Code
thomas.michael@lawgixlawyers.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kathy Clark _{at (} 800 ₎ 567-4397
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301
Enclosed is a check for the following amount: \$\begin{align*} \text{S25 Filing Fee} & \Bigcup \$\$30 Filing Fee & \Bigcup \$\$55 Filing Fee & \Bigcup \$\$60 Filing Fee, \\ Certificate of Status & Certified Copy \$\$Certified Copy

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 of State: LAWGIX LAWYERS, LL	•	partment of
Enter new principal office address, if applicable:		partment of
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited liabi	lity company is: M16000	007447
3. Jurisdiction of its organization: Pennsylva		
4. Date authorized to do business in Florida: 09/2	20/2016	
SECTION II (5-9 complete only the applicable ch		
5 New name of the limited liability company: Ko	dak Law, LLC	
(must c	ontain "Limited Liability Comp	any, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or manamust contain "Limited Liability Company," "L.L.C."	ging members adopting the alter	
6. If amending the registered agent and/or registered registered agent and/or the new registered office addr		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida S	
	City	_, Florida
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent a the provisions of all statutes relative to the proper an and accept the obligations of my position as registere document is being filed to merely reflect a change in liability company has been notified in writing of this	and agree to act in this capacity ad complete performance of my deed agent as provided for in Chap the registered office address, 1)	o. I further agree to comply with duties, and I am familiar with pter 605, F.S. Or, if this

If Changing Registered Agent, Signature of New Registered Agent

If the amendment c	hanges person, title or capacity in acc	ordance with 605.0902 (1)(e), indicate that	at change:
itle/ Capacity	Name	Address	Type of Action
			Add
			Remov
·			Add
			Remov
			Add
			Remov
			Add
			Remove
			Add
			Remove
aforementioned ame	e law of which this entity is organiz	e official having custody of records in th	e

Filing Fee: \$25.00

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

12/21/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

Kodak Law, LLC

I, Veronica Degraffenreid, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Amendment filed on Dec 15, 2021 - Pages (2)

which appear of record in this department.

OF THE COMPANY OF THE

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC211221121579-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify

Entity# : 4171893 Date Filed : 12/15/2021 Pennsylvania Department of State

PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

	Return document by mail to: Return per instructions on the expedite counter form.	Limited Partnership/Lin DSCB:15-8622/6	ndment - Domestic nited Liability Company 8822 (rev. 2/2017)
L'—	Read all instructions prior to completing. This form may b	ve	
Fee	e: \$ 70		
	Check one:	Limited Liability Comp	pany (§ 8822)
Org	In compliance with the requirements of the applicable rtificate), the undersigned, desiring to amend or restate its Coganization, hereby certifies that:	Certificate of Limited Partnersh	ment or Restatement of aip/Certificate of
1. 7	The name of the limited partnership/limited liability comparation	ny is: Lawgix Lawyers, LLC	
2.	The date of filing of the original Certificate of Limited Part	mership/Certificate of Organiz	ation is:
3.	03/08/2013 Date (MM/DD/YYYY) The current registered office address as on file with the De	partment of State. Complete po	urt (a) OR (b) – not both:
	(a)	State Zip	County
	(b) c/o: URS AGENTS, LLC		Dauphin
	Name of Commercial Registered Office Provider		County
4.	Check, and if appropriate complete, one of the following:		
••	The amendment adopted by the limited partnership/lin	nited liability company, set for	th in full, is as follows:
	Please change the name from Lawgix Lawyers, LLC to Kod		,
	ricase dialige the fiante non-carryon, early carryon, early		
	The amendment adopted by the limited partnership/lin attached hereto and made a part hereof.	mited liability company is set f	orth in full in Exhibit A
5.	Effective date of amendment (check, and if appropriate c	omplete, one of the following):	
	☐ The amendment shall be effective upon filing this Cer☐ The amendment shall be effective on: ☐ Date (MM/DD/	tificate of Amendment in the I	Department of State.
	D . 0.04(7)D	YYYY) Hour (if any)	

DSCB:15-8622/8822-2

6.	Check if the amendment restates the Certificate of Limited Partnership/Certificate of Organization:
	☐ The restated Certificate of Limited Partnership/Certificate of Organization supersedes the original Certificate of Limited Partnership/Certificate of Organization and all previous amendments thereto.
IN of	TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate Amendment to be executed by a duly authorized person thereof this day of day of
	Ławgix Lawyers, LLC
	Name of Limited Partnership/Limited Liability Company
	Assica Famerección de Compliance