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2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account <u>120210000160; \$55.00</u> Authorization Signature\_\_\_\_\_ Paul Trial Group LLC L25000054266 Business Name #Document Will wait Walk in X Certified Copy Certificate of Status <u>AMENDMENTS</u> **NEW FILINGS** \_ Profit X Amendment Not for Profit Resignation of R.A. Change of Registered Agent LLC Revocation of Dissolution Domestication Conversion INC \_\_Statement of Authority **CORP OTHER** Merger REVOCATION OF DISSOLUTION REGISTRATION/QUALIFICATIONS **OTHER FILINGS** TRANSMITTAL LETTER Foreign Filing Partnership Fictitious Name Reinstatement Statement of CORRECTION Statement of Authority \_\_\_\_Domestication of a Foreign Corp. APOSTIL COUNTRY Other

FLORIDA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:

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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account <u>120210000160: \$55.00</u> Authorization Signature Ja-4 Paul Trial Group LLC L25000054266 Business Name #Document Will wait Walk in X Certified Copy Certificate of Status **NEW FILINGS** <u>AMENDMENTS</u> \_X\_\_\_ Amendment Profit \_\_\_\_Resignation of R.A. Not for Profit \_\_\_\_ Change of Registered Agent LLC \_ Domestication Revocation of Dissolution Conversion INC \_\_\_Statement of Authority **CORP** Merger **OTHER** REVOCATION OF DISSOLUTION **REGISTRATION/QUALIFICATIONS OTHER FILINGS** Foreign Filing TRANSMITTAL LETTER Partnership Reinstatement Fictitious Name Statement of CORRECTION \_\_\_ Statement of Authority Domestication of a Foreign Corp. \_\_\_ APOSTIL \_ COUNTRY Other

EXAMINER'S INITIALS:\_\_\_\_\_

## COVER LETTER

	istration Secti sion of Corpo					
		. GROUP LLC				
SUBJECT:		Name of Limit	ted Liability Company	_	<u>.</u>	
The sealessed	A-4:-1 C A -	mandan and sand Saa(a) are subs	nitted for filing			
		nendment and fee(s) are subr lence concerning this matter t				
		CHRISTINE V ZHAROVA	A			
			Name of Person		<del></del>	
		PAUL KNOPF BIGGER, F	PLC			
			Firm/Company			
		1560 N. ORANGE AVE				
			Address		<del></del>	
		SUITE 300				
			City/State and Zip Code		<del></del>	
		WINTER PARK FLORIDA				
		E-mail address: (t	o be used for future annual	report notification)		
For further in	formation con	cerning this matter, please ca	dł:			
CHRISTINE ZHAROVA			305 80	4 9234		
Name of Person		Area Code	Daytime Teleph	one Number		
Enclosed is a	check for the	following amount:				
□ \$25.00 F		☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee of Certified Copy		\$60.00 Filing Fee, Certificate of Status &	
•			(additional copy is enc		Certified Copy (additional copy is enclosed)	
	ling Address:		Street A			
Registration Section Division of Corporations			Registration Section Division of Corporations			
P.O. Box 6327				ntre of Tallaha		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# TU ARTICLES OF ORGANIZATION OF

2025 FEB 13 PM 12:05 PAUL TRIAL GROUP 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 1/30/25 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PAUL TRIAL GROUP PLLC 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.

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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<u> </u>	•	 ٠	 * *	W	V 44	•		<u>~~</u> .

# MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			□Change
			□Add
-			□Remove
	<del></del>		□ Add
		<del></del>	□Remove
	<del></del>		
			□Remove
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			□Remove
			□ Add
			□Remove
			□ Change

LABILITY COMPANY (PLLC) TO COMPLY WITH RULE 4-8.6 OF THE RULES REGULATING THE LORIDA BAR, WHICH DOES NOT PERMIT LAW FIRMS TO OPERATE AS AN LLC, BUT LUTHORIZES THE PRACTICE OF LAW IN THE FORM OF A PLLC.	O CONVERT IT FROM A LIMITED LIABILITY COMPANY (LLC) TO A PROFESSIONAL	LIMITED
	IABILITY COMPANY (PLLC) TO COMPLY WITH RULE 4-8.6 OF THE RULES REGULAT	TING THE
AUTHORIZES THE PRACTICE OF LAW IN THE FORM OF A PLLC.	LORIDA BAR, WHICH DOES NOT PERMIT LAW FIRMS TO OPERATE AS AN LLC, BU	Г
	AUTHORIZES THE PRACTICE OF LAW IN THE FORM OF A PLLC.	
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Signature of a member or authorized representative of a member

Typed or printed name of signee

CHRISTINE V ZHAROYA

## COVER LETTER

TO:	Registration Se Division of Cor					
CUD IE		AL GROUP LLC				
SUBJE	U1:	Name of Limit	ted Liability Company			
The enci	losed Articles of	Amendment and fee(s) are subn	nitted for filing.			
Please re	etum all correspo	ndence concerning this matter t	o the following:			
		CHRISTINE V ZHAROVA	<b>A</b>			
			Name of Person			
		PAUL KNOPF BIGGER, F	PLC			
			Firm/Company			
		1560 N. ORANGE AVE				
			Address			
		SUITE 300				
		WINTER PARK FLORIDA	City/State and Zip Code 32789			
			o be used for future annual report notification)			
For furth	her information c	oncerning this matter, please ca	41:			
CHRIS'	TINE ZHAROV	A	305 804 9234 at()			
	Name o	f Person	Area Code Daytime Telephone Number	<del></del>		
Enclose	d is a check for th	ne following amount:				
□ <b>\$2</b> 5	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing F Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is	Status & V		
	Mailing Addres Registration S Division of C P.O. Box 632	Section Corporations 17	Street Address: Registration Section Division of Corporations The Centre of Tallahassee			
	Taliahassee, l		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303