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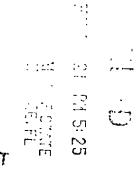
(Requestor's Name)
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(= s) consequences,
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08/21/24

COVER LETTER

TO: Registration Se Division of Cou			
	NO LAW, L.L.C.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Charmaine Terregino		
		Name of Person	
	Terregino Law		• • • • • • • • • • • • • • • • • • • •
		Firm/Company	
	11312 US 15-501 N Suite	107, #123	
		Address	70
	Chapel Hill, NC 27517		P1 5: 25
		City/State and Zip Code	—————————————————————————————————————
	chardosha@gmail.com	to be used for future annual report not	dication)
For further information of	concerning this matter, please c	•	incation)
Charmaine Terregino		954 802-6056	
Name of Person		at ()	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Se Division of Co The Centre of T	rporations
Tallahassee,			e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TERREGINO LAW, L.L.C.		<u>.</u>			
(<u>Name of the Limited L</u> (A F	Liability Company a Florida Limited Liabi	s it now appears on our lity Company)	<u>vcords.</u>)		
The Articles of Organization for this Limited Liabil Florida document number 1.11000033892	lity Company we	re filed on $\frac{3/21/2011}{}$	and assigned		
This amendment is submitted to amend the following	ng;				
A. If amending name, enter the new name of the	e limited liability	company here:			
TERREGINO LAW, PLLC					
The new name must be distinguishable and contain the words	**Limited Liability C	Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable	e: 1	1312 US 15-501 N, SUI	TTE 107 #123		
Principal office address MUST BE A STREET A	_	HAPEL HILL, NC 275	17		
-			**.1		
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX	X)		; ; 		
			한 명 명 2		
B. If amending the registered agent and/or regis		ress on our records, <u>e</u>	nter the name of the new regis		
gent and/or the new registered office address he	<u>ere</u> :				
Name of New Registered Agent:					
New Registered Office Address:	401 E LAS OLAS BOULEVARD, SUITE 130-360				
-	Enter Florida street address				
<u>i</u> :	FORT LAUDERDALE		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.

						
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ective date, if other than the date of filing:	the applicable					
cord specifies a delayed effective date, but not an e s filed.	ffective time,	, at 12;01 a.i	n, on the earl	er of: (b) The	2 90th d	ay after th
ed AUGUST 16 , 20	024	,				
(, - A-1-1-1-						

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