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SECRETARY OF STATE
OIVISION OF CORPORATIONS

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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	Parkland Le	egal Group, P.L.		
SUBJEC	· ·	Name of Lim	ited Liability Company	<u> </u>
The enclo	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please reti	urn all correspo	ndence concerning this matter	to the following:	
		Mitchell Ortega		
			Name of Person	
		Parkland Legal Group, P.I.		
			Firm/Company	
		5531 N University Drive,	#103	
		·	Address	
		Coral Springs, FL 33067		
			City/State and Zip Code	
		parklandlegalgroup@gmail		
		E-mail address: (to be used for future annual report notifi	cation)
For furthe	r information co	oncerning this matter, please ca	all:	
Mitchell (Ortega		954 644 2366 at ()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed i	is a check for th	e following amount:		
\$25.00	0 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 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Parkland Legal Group, PL			
(Name of the Li	mited Liability Company as it now app (A Florida Limited Liability Compan	oears on our records.) y)	
The Articles of Organization for this Limited		09/09/2013	and assigned
Florida document number 1.13000126680	 .		
his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abbrev			
A. If amending name, enter the new name	e of the limited liability company	here:	
The new name must be distinguishable and contain the	ne words "Limited Liability Company." th	ne designation "LLC" or the abbres	riation "L.L.C."
Enter new principal offices address, if app	olicable:		
(Principal office address MUST BE A STR.	EET ADDRESS)		38 86
	ų <u>-</u> -		
			- 8 - 97- 1
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFIC	<u></u>	<u> </u>	&
			<u>-</u> 12
		on our records, enter the	name of the n
Name of New Registered Agent:			
New Registered Office Address:			
	Enter I	Florida street address	
		, Florida	
	City		Zip Code

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>	<u>Address</u>	Type of Action
MGRM	Dan Ruggiero	5531 N University Drive	□ Add
		Suite 103	Remove
		Coral Springs. FL 33067	☐ Change
			□ Remove
			Change
			Add
			Remove
			Change
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