

L15000050214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

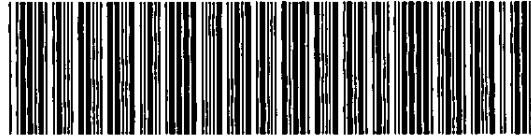
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 03 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVOCACY LEGAL GROUP PLLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

INETTE M. PETKOVICA

Name of Person

PETKOVICH LAW FIRM PA

Firm/Company

901 PONCE DE LEON BLVD. 10TH FL

Address

CORAL GABLES FL 33134

City/State and Zip Code

INETTE@PETKOVICHLAWFIRM.COM

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

For further information concerning this matter, please call:

INETTE PETKOVICA

Name of Person

at (305)

Area Code

358-8003

Daytime Telephone Number

Enclosed is a check for the 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
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**

ADVOCACY LEGAL GROUP PLLC

(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 MAR 20, 2015 and assigned Florida document number L15000050214.

This amendment is submitted to amend the following:

A. 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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1615 S. CONGRESS AVE

SUITE 103

DELRAY BEACH, FL 33445

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1615 S. CONGRESS AVE

SUITE 103

DELRAY BEACH, FL 33445

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:

IVETTE M. PETKOVICA

New Registered Office Address:

1615 S. CONGRESS AVE SUITE 103

Enter Florida street address

DELRAY BEACH

Florida

33445

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.

Ivette Petkovic
If Changing Registered Agent, Signature of New Registered Agent

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* 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

Title	Name	Address	Type of Action
MGR	PESTKOVICA LAW FIRM PA	901 PONCE DE LEON BLVD 10TH FL CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	LAW OFFICES OF PAUL A. HERMAN P.A.	902 CLINT MOORE RD STE 206 BOCA RATON FL 33487	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 5/28/15 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 5/28, 2015

Ivetta G. Petkovich
Signature of a member or authorized representative of a member

Ivetta G. Petkovich
Typed or printed name of signee

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