

LL6 000 139871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

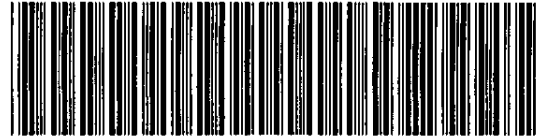
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DIVISION OF CORPORATE AFFAIRS

16 DEC 19 PM 3:48

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DEC 21 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 9, 2016

ANDRES IDARRAGA  
401 LAS OLAS BLVD, #130-132  
FT LAUDERDALE, FL 33301

SUBJECT: ANDRES F. IDARRAGA, PLLC  
Ref. Number: L16000139871

2016 DEC 19 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

We have received your document for ANDRES F. IDARRAGA, PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 016A00024130

*This is now signed as requested.*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 7, 2016

ANDRES IDARRAGA  
401 E LAS OLAS BLVD, 130-132  
FT LAUDERDALE, FL 33301

SUBJECT: ANDRES F. IDARRAGA, PLLC  
Ref. Number: L16000139871

RECEIVED  
2016 NOV -7 PM 4:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ANDRES F. IDARRAGA, PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 316A00021677

*Thank you, I am resubmitting w/ signature.*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Andres F. Idarraga, 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:

Andres Idarraga

Name of Person

Andres F. Idarraga, PLLC

Firm/Company

401 East Las Olas Blvd. 130-132

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

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

For further information concerning this matter, please call:

Andres Idarraga

401 359-3604

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Andres F. Idarraga, PLLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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16 DEC 19 PM 3:14  
DIVISION OF CORPORATIONS & SECRETARIES

The Articles of Organization for this Limited Liability Company were filed on 07/26/2016 and assigned  
Florida document number L16000139871.

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:**

401 East Las Olas Blvd. 130-132

**(Principal office address MUST BE A STREET ADDRESS)**

Fort Lauderdale, FL 33301

**Enter new mailing address, if applicable:**

401 East Las Olas Blvd. 130-132

**(Mailing address MAY BE A POST OFFICE BOX)**

Fort Lauderdale, FL 33301

**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:

401 East Las Olas Blvd. 130-132

*Enter Florida street address*

Fort Lauderdale

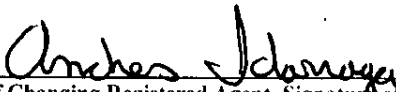
*City*

Florida 33301

*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.*

  
Andres Idarraga  
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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

DIVISION OF PUBLIC SAFETY  
 16 DEC 2019 PM 3:49  
 FILED

FILED

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

Multiple horizontal lines for amending information.

16 DEC 19 PM 3:49  
DIVISION OF CORPORATIONS

FILED

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 September 30, 2016

Andres Idarraga  
Signature of a member or authorized representative of a member

Andres Idarraga  
Typed or printed name of signee