## L17000026361

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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations				
Brent Ryan	Innocenzi, PLLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Brent R Innocenzi				
		Name of Person			
	Brent Ryan Innocenzi, PL	LC			
		Firm/Company			
	1520 Amaryllis Ct				
		Address			
	Trinity, FL 34655				
		City/State and Zip Code			
	brent@orangeblossomrealto E-mail address: (	or.com to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c				
Brent Innocenzi		727 744-9382 at ()			
Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	S30.00 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 5 Division of C	Section	Street Address: Registration So Division of Co			
P.O. Box 632	.7	The Centre of	The Centre of Tallahassee		
Tallahassee, l	FL 32314	2415 N. Monro	be Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brent Ryan Innocenzi, PLLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records liability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L17000026361}{L17000026361}$ .	were filed on March 19, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Brent R Innocenzi, PLLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		1
		0 -7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		$\omega$
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida strevi address	
		rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as poing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, an provided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is

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

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

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Filing Fee: \$25.00

Typed or printed name of signee

Brent R Innocenzi