

L070000069486

Florida Department of State
Division of Corporations
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To: Division of Corporations
Tax Number : (850) 617-6383

From: Account Name : BERNARD A. SINGER, P.A.
Account Number : 070242003143
Phone : (954) 985-8600
Fax Number : (954) 985-8477

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: denise@parrotta.com

RECEIVED
11 SEP 14 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PARROTTA & BOURASSA, P.L.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

A. LUNT
SEP 15 2011
EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: PARROTTA & BOURASSA, P.L.
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

BERNARD A. SINGER
Name of Person

SINGER & ASSOCIATES
Firm/Company

3107 STIRLING ROAD SUITE 105
Address

FORT LAUDERDALE, FL 33312
City/State and Zip Code

DPARROTTA@PARROTTA.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 SEP 14 AM 10:19

FILED

For further information concerning this matter, please call:

BERNARD A. SINGER at (954) 985-8600
Name of Person Area Code & 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**

PARROTTA & BOURASSA, P.L.

(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 07/03/2007 and assigned
Florida document number L07000069486

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LAW OFFICE OF DENISE L. PARROTTA, P.L.

The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

_____, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

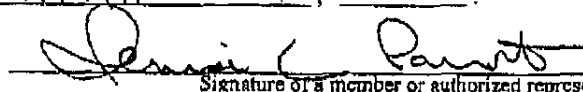
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| | | | <input type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated

9/14/11

 Denise L. Parrotta
Signature of a member or authorized representative of a member

DENISE L. PARROTTA, MANAGER

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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