

L16 000 / 93 533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

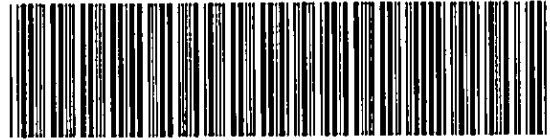
(Business Entity Name)

(Document Number)

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01/13/2014-01/27/2014-031 **25.00

R. WHITE
FEB 07 2020

2020 FEB 07 11:00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABERGEL LAW GROUP, LLC

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:

BRIAN ABERGEL

Name of Person

ABERGEL LAW GROUP, LLC

Firm/Company

1688 MERIDIAN AVE SUITE 440

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

BRIAN@WAPLAWGROUP.COM

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

For further information concerning this matter, please call:

BRIAN ABERGEL

305

330-6928

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2026-13 PM 3:00

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

This amendment is submitted to amend the following:

ABERGEL LAW GROUP PLLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

1688 MERIDIAN AVE SUITE 440

MIAMI BEACH, FL 33139

1688 MERIDIAN AVE SUITE 440

MIAMI BEACH, FL 33139

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

('jfy'

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

MGR = Manager
AMBR = Authorized Member

MGR = Manager
AMBR = Authorized Member

[illegible]

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

THE COMPANY OWNED AND OPERATED BY AN ATTORNEY.

THE ATTORNEY STAYS COMPLIANT WITH THE FLORIDA BAR RULES

AND WANTS TO CHANGE THE COMPANY NAME.

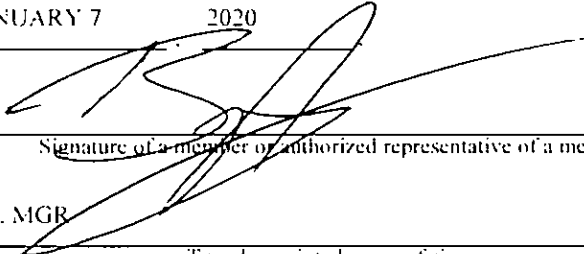
E. Effective date, if other than the date of filing: 01/01/2020 **(optional)**

(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 JANUARY 7 2020



Signature of a member or authorized representative of a member

BRIAN ABERGEL, MGR

Typed or printed name of signee