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COVER LETTER

TO: Registration So Division of Co					
O 1 145 7 72 O 1721	ICES OF MATTHEW W. DIE	TZ. P.L			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	DEBORAH E. DIETZ				
		Name of Person	<u> </u>		
	DISABILITY INDEPEND	DENCE GROUP, INC.			
	 	Firm/Company			
	2990 SOUTHWEST 35TF	I AVENUE			
	-	Address	.		
	MIAMI, FL 33133				
		City/State and Zip Code			
	DEBBIE@JUSTDIGIT.OR				
	E-mail address: (to be used for future annual report	notification)		
For further information of	concerning this matter, please c	all:			
DEBORAH E. DIETZ		305 669-2822 at ()	2		
Name o	of Person	Area Code Da	ytime Telephone Number		
Enclosed is a check for t	he 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		
<u>Mailing Addre</u> Registration		Street Address Registration			
Division of Corporations		Division of C	Division of Corporations		
P.O. Box 631			of Tallahassee		
Tallahassee.	ru bzb14	2415 N. Mo	nroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAW OFFICES OF MATTHEW W. DIETZ, 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 $\frac{05/16/2001}{1}$ and assigned Florida document number L01000007977 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DISLAW CONSULTING, L.L.C. 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) PO Box 140850 Enter new mailing address, if applicable: Coral Gables, FL 33134-0850 (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

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.

City

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>	Address	Type of Action
MGR	DEBORAH E. DIETZ	2990 SOUTHWEST 35TH AVENUE	= Add
		MIAMI. FL 33133	□Remove
			□Change
			□ Add
			□Remove
			□ Change
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			Remove
			[]Changa

Delete Article V which states			
Article V - Purpose of Porfes	sional Limited Liability Corporation		
The purpose of this Profession	al Liability Corporation is the practic	e of law.	
			2022
			AUG
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	 		<u> </u>
			<u>.</u> 9
	 		
ctive date, if other than the	date of filing:	(option	al)
	ck does not meet the applicable statut		
ord specifies a delayed effective filed.	date, but not an effective time, at 12:	01 a.m. on the earlier of: (b)	The 90th day aft
d August 5	2022		
· ///	X/(

Filing Fee: \$25.00