

L06000021624

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB -1 PM 3:59

FEB 04 2008

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Peter A. Savarese, 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:

Peter A. Savarese  
(Name of Person)

Peter A. Savarese, LLC  
(Firm/Company)

15646 84th Ave N  
(Address)

Palm Beach Gardens, FL 33418  
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter A. Savarese at ( 561 ) 207-7400  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee  
*CR.# 4373*  
*1-8-2008*
- ☐ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

08 FEB -1 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 14, 2008

PETER A SAVARESE  
15646 84TH AVE NORTH  
PALM BEACH GARDENS, FL 33418

SUBJECT: PETER A. SAVARESE, LLC  
Ref. Number: L06000021624

We have received your document for PETER A. SAVARESE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 608A00002827

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB - 1 PM 3:59

Peter A. Savarese, LLC

(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 February 28, 2006 and assigned Florida document number L06000021624.

This amendment is submitted to amend the following:

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

Peter A. Savarese, PLLC

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

**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 of 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
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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

\_\_\_\_\_ TO PRACTICE LAW AND PROVIDE LEGAL SERVICES \_\_\_\_\_

\_\_\_\_\_ PURSUANT TO THE FLORIDA PROFESSIONAL SERVICE \_\_\_\_\_

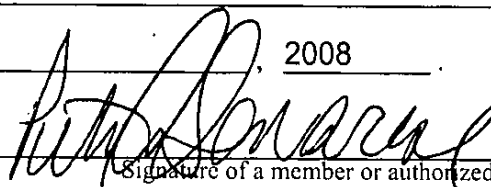
\_\_\_\_\_ CORPORATION AND LIMITED LIABILITY COMPANY ACT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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DIVISION OF CORPORATIONS  
08 FEB - 1 PM 3:59

Dated January 8, 2008

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Peter A. Savarese

Typed or printed name of signee