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SEP 26 2011

EXAMINER



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09/23/11--01005--028 **25.00

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Caserta	& Spiriti, PLLC	
		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		locanh A. Sniriti	
		Joseph A. Spiriti Name of Person	·
		Connecte & Conjuiti DLIC	
		Caserta &Spiriti, PLLC Firm/Company	
	7055	NII 4 4 0415 - 04115 - 44 - 0445 - 04	0
	/855	NW 12th Street, Suite 21 Address	8
		. Madess	
		Doral, Fl 33126	
		City/State and Zip Code	
		spiriti@csgfirm.com	
	E-mail address: (to be used for future annual report no	otification)
For further information c	oncerning this matter, please of	eall:	
Jo	seph Spiriti	at (305)	463-8808
	f Person	at (305) Area Code & Day	time Telephone Number
Enclosed is a check for the	ne following amount:		
325.00 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 & Sed) 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

(Name of the Limited	Liability Compar	ny as it now appears on our liability Company)	records.)		
The Articles of Organization for this Limited L	<u> </u>	were filed on	d006	and assign	ed
This amendment is submitted to amend the foll A. If amending name, enter the new name o	•	ility company here:		P 23 PM	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Company," the	designation "l	LOS r the obr	eviatio
Enter new principal offices address, if applic	able:	7855 NW 12th Stree	t, Suite 21	<u>8</u>	
(Principal office address MUST BE A STREE	ET ADDRESS)	Doral, FL 33126	.		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	4855 NW 12th DOVAL FL 33126	Gireet, c	Svite 218	
B. If amending the registered agent and/ registered agent and/or the new registered o	•		ords, <u>enter t</u>	the name of t	<u>ne nev</u>
Name of New Registered Agent:					
New Registered Office Address:	7855 NW 12	2th Street, Suite 218	da street add	lrace	
			પ્રવાચાયા હતા હતા હતા હતા હતા હતા હતા હતા હતા હત		
		<u>Doral</u>	, Florida	33126 Zip Code	
		City		гір Соае	

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

	<u>Name</u>	Address	Type of Action
			Add Remove
			Remove
			□ n
	·		Remove
D. Ifamen	ding any other information, enter cha	nge(s) here: (Attach additional sheets,	if necessary.)
 Dated	9/19	4-1	<u> </u>
	, ,		

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Filing Fee: \$25.00