Division of Corporations



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

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CASERTA & SPIRITI, A PROFESSIONAL LIMITED LIABILITY

Certificate of Status	0
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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Caseria & Spiriti, A Professional Limited Liab		
(Name of the Limited Liability (A Fornda L	Company as it now appears on our recommed Liability Company)	(<u>ds.</u>)
The Articles of Organization for this Limited Liability Con	mpany were filed on 10/05/2006	and assigned
Florida document number 1.06000098310		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LL"	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		• · ·
		2023
		٦;
B. If amending the registered agent and/or registered of seent and/or the new registered office address here:	Mee address on our records, enter	the name of the new register
gent and of the new registered office address here:		ယ <i>ိ</i>
Name of New Registered Agent:		
New Registered Office Address:		- 2
	Enter Florida street addres	M
		orida
	Ciņ-	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 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

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>	Name	Address	Type of Action
AMBR	Robert U. Mellinger, P.A.	15165 NW 77 Ave. Smite 1001	≘Add
		Miami Lakes, FL 33014	DRemove
			□Change
AMBR	Joseph A. Spiritt, P.A.	15165 NW 77 Ave. Suite 1007	DAdd
		Miami Lakes, FL 33014	©Reinove
			■ Change
		-~	JAdd
		u	□Remove
			□Change
			
			©Remove
····			OAdd
			□Remove
			\sum_Change
			BAdd
			□Remove
			□ Change

	
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ocument's effective date on the De	Department of State's records.
	re date, but not an effective time, at \$2:01 a.m. on the earlier of; (b). The 90th day after th
record specifies a delayed effective is filed.	aner in
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