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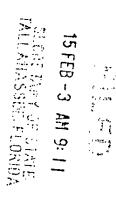
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ATTORNEYS AT LAW . ESTABLISHED 1900

Clarence A. Boswell 1902-2005 David R. Carmichael Seth B. Claytor Dabney L. Conner W. A. "Drew" Crawford George T. Dunlap, III P.O. Drawer 30, Bartow, Florida 33831 245 South Central Avenue, Bartow, Florida 33830 Phone: (863) 533-7117 Fax: (863) 533-7412

Sender's e-mail address: dhw@bosdun.com

Kevin M. Kohl Richard A. Lopez Keith D. Miller Frederick J. Murphy, Jr. Sean R. Parker Donald H. Wilson, Jr. Savannah Young Cerullo

January 29, 2015

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314-6327

Re: Joseph C. Minotti, LLC, change of name to Minotti & Associates, LLC.

Dear Division of Corporations:

Please find enclosed for filing the Articles of Amendment to Articles of Organization for Joseph C. Minotti, LLC. Please reflect the name change of the company to Minotti & Associates, LLC. Also enclosed is this firm's check #041737 in the amount of \$60.00; please forward to this office a Certificate of Status and Certified Copy as noted on the Cover Letter.

As always, we thank you for your assistance in this regard. If you have any questions, or need anything further, please contact me directly.

Sincerely,

Darlene Rogers

Florida Registered Paralegal for Donald H. Wilson, Jr., Esq.

Direct line: 863-733-9114 E-mail: darlene@bosdun.com

COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJE	JOSEPH (C. MINOTTI, LLC		
SUBJE	CI;	Name of Limite	ed Liability Company	
The enc	losed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please re	eturn all correspond	dence concerning this matter to	the following:	
		DONALD H. WILSON	I, JR., ESQ.	
			Name of Person	
		BOSWELL & DUNLA	P, LLP	
			Firm/Company	
		245 S. CENTRAL AV	ENUE	
			Address	
		BARTOW, FL 33830	ı	
			City/State and Zip Code	
		minottiandassociates@	gmail.com be used for future annual report notification	on)
For furt	her information cor	ncerning this matter, please cal	-	oni
DONA	ALD H. WILSO	·	863 533-7117	
	Name of I	erson	Area Code Daytime Tel	ephone Number
Enclose	d 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

JOSEPH C. MINOTTI, LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	
	- December 18, 2006

The Articles of Organization for this Limited Lia	ibility Company	were filed on December 18, 2000	6 and assigned
Florida document number L06000119761	,		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liabi	ility company here:	
MINOTTI & ASSOCIATES, LLC			
The new name must be distinguishable and end with the w	ords "Limited Liab	ility Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	900 Roberts Road	
(Principal office address MUST BE A STREET	ΓADDRESS)	Suite #33	
	_	Lake Hamilton, Florida 3385	1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>30X)</u>	P.O. Box 627 Lake Hamilton, FL 33851	
B. If amending the registered agent and/or the new registered off Name of New Registered Agent:		<u>. </u>	r the name of the new
	900 Roberts	s Road, Suite #33	10 mg
New Registered Office Address:		Enter Florida street address	
	Lake Hamilt	ton, Florida	33851 9
		City	Zip Code
New Registered Agent's Signature, if changing R	egistered 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 the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOSEPH C. MINOTTI, SR.	10760 JIM EDWARDS RD.	□ Add
		HAINES CITY, FL 33844	Remove
MGR	BALRAM TILAK	900 Roberts Road, Suite #33	Add
		LAKE HAMILTON, FL 33851	□ Remove
			Add
			□ Remove
			☐ Add
			Remove
			□ A dd
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			□ Remove

	ng: (optional date of receipt or filed date and cannot be more than 90 days after the filed by the filed date and cannot be more than 90 days after the filed by the filed date and cannot be more than 90 days after the filed date and 60 days after the filed dat
ate this document is filed by the Florida Departm	nent of State)
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date this document is filed by the Florida Department of the January 30	nent of State)

Page 3 of 3

Filing Fee: \$25.00

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