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COVER LETTER

Division of Corp	orations	•	
Law Offices SUBJECT:	of Monica Taibl, P.L.		
	Name of Limit	ed Liability Company	
The enclosed Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Monica Taibl		
		Name of Person	
	Taibl Law, P.L.		
		Firm/Company	
	125 NE Range Ave		
		Address	•
	Madison, FL 32340		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	TaiblLaw@aol.com		
	E-mail address: (to	be used for future annual report notifica	tion)
For further information co	ncerning this matter, please cal	11:	
Monica Taibl		850 973-1477	
Name of	Person	at () Area Code Daytime To	elephone Number
		· · · · · · · · · · · · · · · · · · ·	
Enclosed is a check for the	e 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:

TÒ:

Registration Section

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**

Law Offices of Monica Taibl, 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 Liz	ability Company we	re filed on	07	and assigned
Florida document number L07000048281	·			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability	company here:		
Taibl Law, P.L. L. C.				
The new name must be distinguishable and contain the wo	ords "Limited Liability C	Company," the designat	ion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica	ıble: _	125 NE	Range	fue 1/2
(Principal office address MUST BE A STREET	<u> TADDRESS)</u>	Madiso	1 FL	32340
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u></u>	Same		
B. If amending the registered agent and/or the new registered off	9	e address on our	records, enter	the name of the nev
Name of New Registered Agent:	Monice	2 Tail		
New Registered Office Address:	125 N	Enter Florida stre	AW pet address	
	<u>Madi</u>	SON	, Florida	32340
		City		Zin 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
<u>Ownen</u>	Monica Taibl	125 NERange Are	_ Z Add
MGR		125 NERange Are Madison FL 323	HÛ _{□ Remove}
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Effective date, if other than the date an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	e specific and ca k does not mee	annot be prior to et the applica	to date of filin able statutory	ng for more than 9	(option 0 days after fi ments, this o	iling.) Pursu <mark>a</mark> n	t to 605.0207 (be listed as t
ne record specifies a delayed of The 90th day after the recor	effective dat d is filed.	te, but not	t an effect	tive time, at	12:01 a.	m. on the	earlier of:
Dated 1-25-18	gnature of a mo	ember or author	orized represe	entative of a mem	ber		
Monica Taibl	_						

Page 3 of 3

Filing Fee: \$25.00



February 1, 2018

LAW OFFICES OF MONICA TAIBL, P.L. MONICA TAIBL 125 NE RANGE AVE. MADISON, FL 32340

SUBJECT: LAW OFFICES OF MONICA TAIBL, P.L.

Ref. Number: L07000048281

We have received your document for LAW OFFICES OF MONICA TAIBL, P.L. 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 name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

Please return 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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 818A00002184

See Attached Taibl Law P. L. L. C.

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