

LO7000079248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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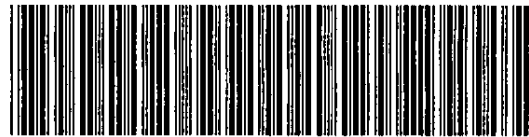
(Business Entity Name)

(Document Number)

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12 JUL 24 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

D. BRUCE

JUL 25 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DiRito & Goode, P. L.
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:

Bryan C. Goode III

Name of Person

DiRito & Goode, P. L.

Firm/Company

320 1st. North, Suite 613

Address

Jacksonville Beach, FL 32250

City/State and Zip Code

bryan@diritolaw.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

For further information concerning this matter, please call:

Bryan C. Goode III

Name of Person

at (904) 247-1755

Area Code & Daytime Telephone Number

Enclosed 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
TO
ARTICLES OF ORGANIZATION
OF**

DiRito & Goode, 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 Liability Company were filed on 08/01/2007 and assigned
Florida document number L07000079248.

This amendment is submitted to amend the following:

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

Romanello Goode, P. L.

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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: Bryan C. Goode III, P. A.

New Registered Office Address: 320 1st. Street North, Suite 613
Enter Florida street address

Jacksonville Beach, Florida 32250
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 or Managing Member being added or removed from our records:

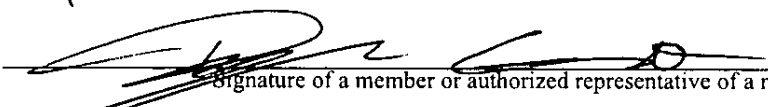
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	VINCENT J. DIRITO, P.A.	320 1st. Street North Suite 613 Jacksonville Beach, FL 32250	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Law Office of William Frazier, P.A.	1919 Blanding Blvd. Suite 8 Jacksonville, FL 32210	<input checked="" 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.)

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated July 20, 2012.



Signature of a member or authorized representative of a member

Bryan C. Goode, III

Typed or printed name of signee