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(Re	equestor's Name)		
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COVER LETTER

Division of Co			
_{subject:} Law O	ffice of Michele Lie	berman, LLC	
Sebuci.	(Name of Lin	nited Liability Company)	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Michele L. Lieberr	man	
		(Name of Person)	
	Law Office of Mich	nele Lieberman, LLC	
		(Firm/Company)	
	2805 Hwy. 44 We	st	
		(Address)	
	Inverness, FL 344	53	
	(City/State and Zip Code)	
For further information	concerning this matter, please	call:	
Michele L. Liel	perman	at (352 ₎ 302-1497	
(Namo	of Person)	(Area Code & Daytim	e Telephone 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:

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 Office of Michele Lieberman			
	(Present Name) (A Florida Limited Liability Company)			
,				
FIRST:	The Articles of Organization were filed on October 8, 2007 and assigned document number L07000102087			
SECOND:	This amendment is submitted to amend the following:			
•	Change name from Law Office of Michele Lieberman, LLC to			
•	Law Office of Michele L. Lieberman, LLC.			
				
		<u> </u>		
		VISII 07 	0.18	
Dated No	vember 1	NOV -5	黑人家	
	Signature of a member or authorized representative of a member	PH u: 3 8,		
			•	
	Michele I. Lieberman			

Filing Fee: \$25.00

Typed or printed name of signee