10000107790

| (Requestor's Name) | |
|---|---|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MA | L |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |

Special Instructions to Filing Officer:

L. SELLERS

DEC 2 9 2009

EXAMINER

Office Use Only



600163066926

12/04/09--01022--030 **35.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Conzalez + Bird, P.L. Name of Limited Liability Company |
| 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: |
| Lorena Cardama Name of Person |
| Lorena Cardama Name of Person Cronzalez + Bird, P.L. Firm/Company |
| 895 Outer Rd. |
| Orlando FL 32814 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Lorena Cardama at (407) 608 - 5198 Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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



December 9, 2009

LORENA CARDAMA GONZALEZ & BIRD P.L. 895 OUTER ROAD ORLANDO, FL 32814

SUBJECT: GONZALEZ & BIRD, P.L.

Ref. Number: L07000107790

We have received your document for GONZALEZ & BIRD, P.L. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6967.

Letter Number: 109A00037602

Leslie Sellers Regulatory Specialist II

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Lize (A Fice | ability Company as it now apprida Limited Liability Compa | pears on our records.) | | |
|--|---|------------------------------|----------------------|-------------|
| (A) | лиа Eпписа Блавтку Сотра | ''y <i>)</i> | | |
| The Articles of Organization for this Limited Liabi | lity Company were filed on | October 24,20 | 2 <u>07</u> and assi | gned |
| Florida document number L070001077 | | | | |
| · · | | | | |
| This amendment is submitted to amend the followi | ng: | | | |
| A. If amending name, enter the new name of the | . H!4 - J. H. L. H. L | (make | effectiv | e a5 |
| A. If amending name, enter the new name of the | e limited hability company | nere: Cr Dozo | Demu 1. | 2010) |
| Cardama + bin | d P.L | | | |
| The new name must be distinguishable and end with the "L.L.C." | ne words "Limited Liability Co | ompany," the designation ' | 'LLC" or the al | obreviation |
| Enter new principal offices address, if applicabl | e: | | | |
| (Principal office address MUST BE A STREET A | (DDRESS) | | | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BO | X) | | | |
| | | | | |
| | | | | |
| B. If amending the registered agent and/or | | on our records, <u>enter</u> | the name of | f the new |
| registered agent and/or the new registered office | e address here: | | | |
| | | | | |
| Name of New Registered Agent: | | | A S S | · |
| New Registered Office Address: | | | | |
| THE RESERVE OF THE PARTY OF THE | | Enter Florida street ac | ldreśs - 🔀 | - |
| | | , Florida | DETAILS TO | And And |
| - | City | , riorida _ | -Zip Code | J |
| New Registered Agent's Signature, if changing Reg | istered 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 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 Type of Action **Title Address** <u>Name</u> Ray Gonzalez, P.A. MGRH Remove Lorena Cardama, Egg. HG RM ☐ Add Remove Add Remove Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated December 21 Signature of a member of authorized representative of a member enio Bird mb Esq.
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00