10900068853

(Re	questor's Name)	
(Ad	dress)	,
70.1	dress)	
(Adi	uiess)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
- (Ru	siness Entity Nar	me) · ···
(Du	ances Entry Nat	ne)
(Do	cument Number)	· , · · · ·
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
1		

Office Use Only



200162281892

11/03/09--01026--015 **60.00

O9 NOV -3 PM 1:51
SECRETARY OF STATE
ALLAHASSEE, FI OBJE

S. HAWKES

NOV - 4 2009

EXAMINED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

THE LAW FIRM OF HEIKO G. MOENCKMEIER, LC

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:

Heiko G. Moenckmeier

Name of Person

The Law Firm of Heiko G. Moenckmeier

Firm/Company

4515 Almark Dr.

Address

Orlando, FL 32839

City/State and Zip Code

heikogeorge@gmail.com

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

For further information concerning this matter, please call:

Heiko Moenckmeier

at (407)

575-4563

Name of Person

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

a gallaria de la granda de la gr

THE LAW FIRM OF HEIKO G. MOENCKMEIER, LC

(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 L09000068853

JULY 16, 2009

and assigned

Florida document number

This amendment is submitted to amend the following:

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

CEBALLOS & MOENCKMEIER, P.L.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "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)

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:

New Registered Office Address:

Enter Florida street address

_, Florida

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>	Name	Address	Type of Action	
MGRM	MARIO A. CEBALLOS	205 E. MARKS ST. ORLANDO, FL	_ Add _ Remove	
			Add Remove	
			Add School Add Add Add Add Add Remove	
			∐Add _∏Remove	
D Ifamen	ding any other information, enter cha	angels) here: (Attach additional sheets if necessary	,)	

D. It amending any other information, enter change(s) here: (Attach daditional sheets, if necessary.)

Dated

Signature of a member of authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00