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EXAMINER

COVER LETTER

	gistration Section issue of Corporations		.	in the second se
SUBJECT:	Law Office	of Irene Pons, Esq.		
		ited Liability Company		-
The enclose	d Articles of Amendment and fee(s) are su	bmitted for filing.		
Please retur	all correspondence concerning this matte	r to the following:		
		Irene Pons		_
		Name of Person		
	-	Pons Law Firm, LLC		
		Firm/Company		
		219 East Marks St.		11 SECO
		Address	•	三
		Orlando, Fl 32803		ARY OF S
		City/State and Zip Code		OF S
	irene E-mail address:	e@407orlandolawyer.co	om et notification)	- ⁶ 8計 2
For further i	nformation concerning this matter, please	•	,)
	Irene Pons Name of Person	at (_407_) Area Code & E	843-2001 Daytime Telephone Numb	ber
			,	
Enclosed is	a check for the following amount:			
\$25.00 F	iling Fee \$\ \tag{\$30.00 Filing Fee & Certificate of Status}	\$55.00 Filing Fee & Certified Copy (additional copy is end	Certifi closed) Certifi	Filing Fee, cate of Status & led Copy onal 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 Irene Pons, Esq. (Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company) 07/20/2009 The Articles of Organization for this Limited Liability Company were filed on ____ ind **a**ssigned L09000069296 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: Pons Law Firm, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 219 East Marks St. Enter new principal offices address, if applicable: Orlando, FI 32803 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: same (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 City

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 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 = Man MGRM = M	ager anaging Member		·
<u>Title</u>	<u>Name</u>	Address	Type of Action
	·		Add Remove
			Add Remove
			Add Remove
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D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessa	vr.)
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Page 2 of 2

Filing Fee: \$25,00