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OCT 9 2013

OCT 9 2013

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Private Legal Counsel, LLC 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:	
Kelvin Soto Name of Person	
Kelvin Soto, PA	
607 Celebration due	
Celebration FL 34747	
Celebration FL 34747 City/State and Zip Code attorney Kele hstmal. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
For further information concerning this matter, please call:	
Rame of Person at 407 552-1313 After Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Private Leg	al Coun	sel, uc
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our i Liability Company)	records.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L090000949</u>	y were filed on OCT C	1, 2009 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
<u>Soto Mack</u>		
The new name must be distinguishable and end with the words "Liu "L.L.C."	nited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		20
,		
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ds, enter the name of the new
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florid	la 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Address</u> Type of Action Title Name Mgr Chris Mack, PA 607 Celebration are Add

Celebration, FL 34747 Remove Remove Remove Remove Add Reme

ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>, N/A</u>
October 3 2013
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1111111
Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

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