

L09000095368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 26 2011

EXAMINER



300202958273

04/22/11--01027--002 **30.00

FILED
11 APR 22 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**BORGOGNONI LAW, PL
ALHAMBRA TOWERS
121 ALHAMBRA PLAZA, SUITE 1500
CORAL GABLES, FLORIDA 33134**

GREGORY P. BORGOGNONI
e-mail: gborgognoni@bocslaw.com

Telephone No.: (305) 671 - 3323
Facsimile No.: (305) 675 - 7663

April 4th, 2011

VIA FEDERAL EXPRESS OVERNIGHT DELIVERY

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Attn.: Registration Section

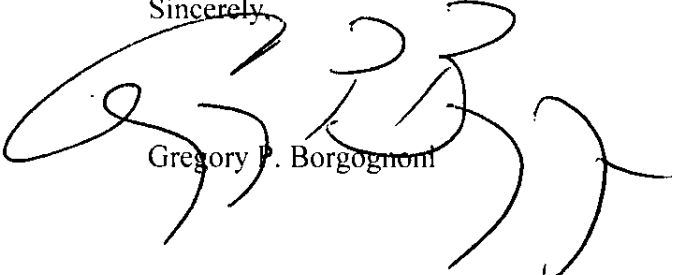
Re: Articles of Amendment to Articles of Organization

Dear Sir or Madam:

Enclosed please find (i) Articles of Amendment to Articles of Organization (which ***we are submitting to change our entity's name from Borgognoni Law, PL to Borgognoni & Fast, PL***) and (ii) our check in the amount of thirty dollars (\$30.00) to cover your fees. I have also enclosed a self-addressed prepaid FedEx envelope to facilitate your delivery of the certificate of status for the amendment.

Should you have any questions, please do not hesitate to contact me. Thank you for your attention to this matter.

Sincerely,


Gregory P. Borgognoni

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BORGOGNONI & FAST, PL
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:

Gregory P. Borgognoni

Name of Person

Borgognoni & Fast, PL

Firm/Company

121 Alhambra Plaza, Suite 1500

Address

Coral Gables, FL 33134

City/State and Zip Code

gborgognoni@boeslaw.com

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

For further information concerning this matter, please call:

Gregory P. Borgognoni/Carmen R. German at (305) 671-3323
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

BORGOGNONI LAW, PLLC

Page 1 of 2

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

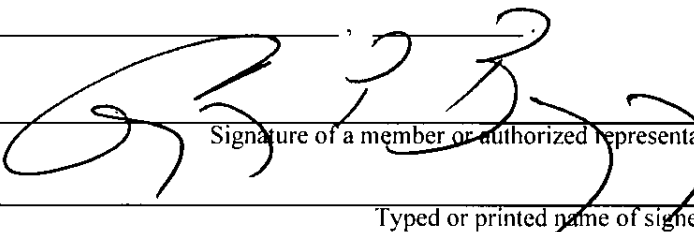
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____



 Signature of a member or authorized representative of a member

 Typed or printed name of signee