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TALLAHASSEE, FLORIO,

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT LAW OFFICE OF EMILIAN BUCATARU PLLC

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:

EMILIAN BUCATARU
Name of Person
Firm/Company
6069 OBSERVATION CIRCLE
Address
TALLAHASSEE, FL 32317
City/State and Zip Code
IAN@NFLLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMILIAN	BUCATARU	at (850)	345 -5777	
Name of F	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

LAW OFFICE OF EMILIAN BUCATARU PLLC

(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	y Company were filed on 12	$\sqrt{03/2009}$ and assigned
Florida document number L090001151	91	•
This amendment is submitted to amend the following	3:	
A. If amending name, enter the new name of the I BUCATARU LAW	limited liability company here:	LC
The new name must be distinguishable and end with the words	"Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	>0 -
		<u> </u>
	-	
Enter new mailing address, if applicable:	,	Sign of the second
(Mailing address MAY BE A POST OFFICE BOX)		TO R IT
		72. 73.
B. If amending the registered agent and/or re		r records, enter the name of the new
registered agent and/or the new registered office a	address nere;	
Name of New Registered Agent:	,	
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida	street address
	Emer Pionad	meer daaress
_	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registe	·	isp dow
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	ent and agree to act in this cap d complete performance of my d agent as provided for in Cha vered office address, I hereby c	duties, and I am familiar with and oter 605, F.S. Or, if this document is
	If Changing Registered Agent.	Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>itle</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Add
			Remove
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D. If am ∳	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(The eff	rive date, if other than the date of filing:
Dated	01/02/2015
	E STATION OF THE PARTY OF THE P
	Signature of a member or authorized representative of a member
	EMILIAN BUCATARU
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE FLOOR