

L09000117804

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

OCT - 7 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lizotte and Baughn, 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:

Jennifer A. Lizotte

Name of Person

The GM Law Firm

Firm/Company

13538 Village Park Drive, Suite 240

Address

Orlando, Florida 32837

City/State and Zip Code

jennifer.lizotte@lizottelaw.com

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

For further information concerning this matter, please call:

Jennifer A. Lizotte

Name of Person

at (407)

982-7624

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
OCT - 6 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Lizotte and Baughn, LLC

(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 12/11/2009 and assigned
Florida document number L09000117804.

This amendment is submitted to amend the following:

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

Lizotte Law, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

14503 Potanow Trail

(Principal office address MUST BE A STREET ADDRESS)

Orlando, Florida 32837

Enter new mailing address, if applicable:

5334 Central Florida Parkway, #240

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, Florida 32821

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:

Jennifer A. Lizotte

New Registered Office Address:

13538 Village Park Drive, Suite 240

Enter Florida street address

Orlando

Florida

32837

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.

Jennifer A. Lizotte
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	Michael Baughn	522 E. Concord Street Orlando, Florida 32803	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

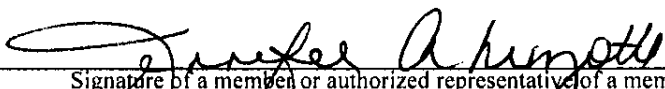
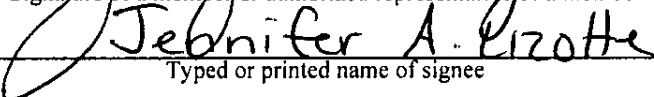
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT - 6 PM 1:09

FILED

Dated July 26, 2011


Signature of a member or authorized representative of a member

Typed or printed name of signee