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T. HAMPTON

FEB 2 1 2011

EXAMINER



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	LAW LOPARD	LC				
	Name of Lim	ited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.				
Please return all corres	pondence concerning this matter	r to the following:				
	CHE LOPARDO, ESQ., MGRM					
		Name of Person				
LOPARDO LAW GROUP, LLC						
	Firm/Company					
	3111 W DR MARTIN LUTHER KING, JR, BLVD, STE 100					
Address						
		TAMPA, FL 33607		_		
City/State and Zip Code						
	che_lopardo@yahoo.com E-mail address: (to be used for future annual report notification)					
		•	ort notification)			
For further information	n concerning this matter, please of	call:				
С	HE LOPARDO	at (813)	758-9347			
Name of Person			Daytime Telephone Number	 ж		
Enclosed is a check for	r the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed) Certifie	ate of Status &		

MAILING ADDRESS:
Registration Section

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

SECRETARY OF STATE DIVISION OF CORPORATIONS

LOPA	RDO LAW GROUP, L	LC		
(Name of the Limited L (A F	ability Company as it now appea orida Limited Liability Company)	ars on our records.		
The Articles of Organization for this Limited Liab	ility Company were filed on	01/13/2010	and assigned	
Florida document numberL100000042	83			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability company he	e <u>re</u> :		
LOPA	ARDO LAW GROUP, P.L.			
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			
	<u> </u>			
B. If amending the registered agent and/or		our records, enter t	he name of the new	
registered agent and/or the new registered offic	<u>e address here</u> :			
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	Citv		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, 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> **Address** Type of Action ☐ Add Remove ☐ Add Remove ☐ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The purpose for which this Limited Liability Company is organized is: THE PRACTICE OF LAW

CHE LOPARDO, ESQ., MGRM
Typed or printed name of signee

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00