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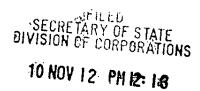
**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJECT:	Cannizzaro Law Firm, P.L.  Name of Limited Liability Company						
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.						
Please return all	correspondence concerning this matter to the following:						
	Kara L. Cannizzaro  Name of Person						
	Kara L. Cannizzaro  Name of Person  Cannizzaro Lau Firm, P.L.  Firm/Company						
3350 S.W. 148th Avenue, Suite 110							
	Micamar, FL 33027						
	Micamar, FL 33027  City/State and Zip Code  Karaa CIFF Iorida. Com  E-mail address: (to be used for future annual report notification)						
For further inform	mation concerning this matter, please call:						
Kara	L. Cannizzaro at (954 240-1520  Name of Person Area Code & Daytime Telephone Number						
Enclosed is a che	eck for the following amount:						
\$25.00 Filing	Fee \$\int_{\}\$30.00 Filing Fee & \$\int_{\}\$55.00 Filing Fee & \$\int_{\}\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)						
	MAILING ADDRESS:  Registration Section Division of Corporations P.O. Box 6327  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building						
	Tallahassee, FL 32314 2661 Executive Center Circle						

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	nnizzaro		, P.L.	
( <u>Name of the Limited L</u> (A F	iability Company Torida Limited Li	y as it now appears on	our records.	
The Articles of Organization for this Limited Liab	oility Company v	were filed on <b>Jani</b>	120 , 20	(D) and assigned
Florida document number <u>LI 000000774</u>	<u>+0</u>		, ,	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the	he limited liabil	ity company here:		
NIA				
The new name must be distinguishable and end with the "L.L.C."	the words "Limite	ed Liability Company,"	the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicab	3350 S.W.	148th A	lvenue	
(Principal office address MUST BE A STREET	ADDRESS)	Suite 110		
		Miramar,	FL 330	27
Enter new mailing address, if applicable:	3350 S.W	1. 1484	Avenue	
(Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>	Suite 110		
		Miramar,	FL 336	027
B. If amending the registered agent and/or registered agent and/or the new registered office			records, enter	the name of the new
		L. Canniza		
New Registered Office Address:	3350 S.	W. 1484 A Enter F	Venue; Iorida street add	
	Miram	City	, Florida	33027 Zin Code
Non-Designation of Association (Inc.)	• • • • •	<i>O.I.</i> ,		sip cour

## 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.

NA - Same
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 Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Kara L. Cannizzaro
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00