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## **COVER LETTER**

SUBJECT:    CUNZO LAW FIRM, PLLC	TO: Registration So Division of Cor			
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:  KIM A. CUNZO  Name of Person  CUNZO LAW FIRM, PLLC  Firm Company  601 CITRUS AVENUE  Address  FORT PIERCE, FLORIDA 34950  Citys State and Zip Code  KCUNZOLAW@GMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  KIM A. CUNZO  772  409-4353  Name of Person  Name of Person  Daytume Telephone Number		AW FIRM, PLLC		
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Name of Person Area Code Daytume Telephone Number  Enclosed is a check for the following amount:	KIM A. CUNZO			
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☐ \$25 00 Filing Fee	Enclosed is a check for t	he following amount:		
Certificate of Status Certified Copy Certificate of States (additional copy is enclosed) Certified Copy	□ \$25 00 Filing Fee			☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

CUNZO LAW FIRM, PLUC (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 tiled on  $\frac{02/02/2010}{1}$ Florida document number <u>L10000011888</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CUNZO & BISHOP AMES LAW FIRM, PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C. N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered

New Registered Agent's Signature, if changing Registered Agent:

agent and/or the new registered office address here:

Name of New Registered Agent: New Registered Office Address:

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 605, 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

Enter Florida street address

\_, Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	KRISTEN BISHOP AMES	601 CITRUS AVENUE	= Add
		FORT PIERCE, FL 34950	[∃Remove
			□ Remove
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