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Special Instructions to	Filing Officer:					





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## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 21, 2017

MICHAEL MICHETTI 9045 STRADA STELL COURT, 4TH FLOOR NAPLES, FL 34109

SUBJECT: WOODS, WEIDENMILLER, MICHETTI, RUDNICK & GALBRAITH,

**PLLC** 

Ref. Number: L10000021071

We have received your document for WOODS, WEIDENMILLER, MICHETTI, RUDNICK & GALBRAITH, PLLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 517A00023659

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Woods, Weidenmiller, Michetti, Rudr		
(Name of the Limited (A	Liability Company as it now appears on our records.)  A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	pility Company were filed on 02/24/2010	and assigned
Florida document number L10000021071		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
Woods, Weidenmiller, Michetti & Rudnick, PLLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	OX)	,
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		
Name of New Registered Agent:		
Name of New Registered Agent.		<u> </u>
New Registered Office Address:		
	Enter Florida street address	••
	, Flor	
	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 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

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
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Filing Fee: \$25.00