

L10000076832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

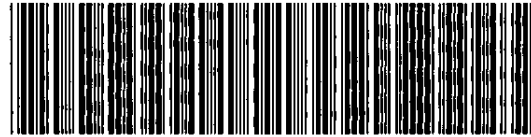
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500186646775

10/18/10--01014--020 **30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 OCT 18 AM 9:50

FILED

T. CLINE

OCT 19 2010

EXAMINER

COVER LETTER

10/15/2010

ATTN: FLORIDA DEPARTMENT OF STATE

Nicole Cifelli

Daytime phone number (813)340-6384

Return address: 5520 Carrollwood Key Drive
Tampa, FL 33624

Changing OLD Name & address of Company
from 4MEDLAW REFERRALS LLC
5520 Carrollwood Key Drive
Tampa, FL 33624

SECRETARY OF STATE
ALL AMESSEE, FLORIDA

28 OCT 18 AM 9:50

FILED

To the new address & Company name

4MEDLAW REFERRAL ADVERTISING LLC
8870 N. Himes Ave
Tampa, FL 33614

Tax# L10000076832

EIN# 273080910

Thank you,

Nicole M Cifelli

email nmcifelli@yahoo.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4MEDLAW REFERRALS 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:

NICOLE CIFELLI
Name of Person

4MEDLAW REFERRALS LLC
Firm/Company

8870 N. Himes Ave #257
Address

Tampa, FL 33614
City/State and Zip Code

nmcifelli@yahoo.com
E-mail address: (to be used for future annual report notification)

2010 OCT 18 AM 9:50
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Nicole Cifelli at (813) 340-6384
Name of Person 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

4MEDLAW REFERRALS 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 7/21/10 and assigned
Florida document number L10000076832

EIN# 273080910

This amendment is submitted to amend the following:

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

4MEDLAW REFERRAL ADVERTISING 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:

(Principal office address MUST BE A STREET ADDRESS)

8870 N. Himes Ave. #257
Tampa, FL 33614

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2010 OCT 18 AM 9:50
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

NICOLE CIFELLI

New Registered Office Address:

8870 N. Himes Ave #257

Enter Florida street address

TAMPA

City

, Florida

33614

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.

Nicole Cifelli

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>
MGR	NICOLE CIFELLI	8870 N. Himes Ave TAMPA, FL 33614	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____, _____.

Nicole Cifelli
Signature of a member or authorized representative of a member

Nicole Cifelli
Typed or printed name of signee

2010 OCT 18 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED