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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
(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:		
(Bu	siness Entity Nar	me)
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SECRETARY OF STATE
FACLAHASSEE, FLORIDA

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PETITT WORRELL WOLFE ROCHA LLC

May 2, 2016

Division of Corporations Florida Department of State Post Office Box 6327 Tallahassee FL 32314 One Urban Centre Suite 475 4830 W. Kennedy Blvd. Tampa, FL 33609-2599 p 813.443.5345 f 813.443.8331

petittworrell.com

RE:

Letter Number 516A00008448 Ref Number: L10000094539

Name Change: Petitt Worrell Wolfe Rocha LLC to Petitt Worrell Rocha PLLC

To Whom It May Concern:

Per your request, we have indicated the specific purpose of the entity as "law firm" and enclose the revised Articles of Amendment to Articles of Organization of Petitt Worrell Wolfe Rocha LLC as well as the Division of Corporation's Letter Number 516A00008448.

Thank you for your assistance in this matter, it is greatly appreciated.

Sincerely,

PETITT WORRELL WOLFE ROCHA LLC

Richard T. Petitt

By:

Richard T. Petitt

RTP/abh Enclosures

## **COVER LETTER**

<b>TO:</b>	Registration Se Division of Cor		i	
CHID IE		ell Wolfe Rocha LLC		
SUBJE	C1;	Name of Lim	ited Liability Company	<del> </del>
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Richard T. Petitt		
			Name of Person	
		Petitt Worrell Wolfe Roch	a LLC	
			Firm/Company	
		4830 W. Kennedy Blvd. S	te 475	
			Address	
		Tampa FL 33609		
			City/State and Zip Code	
		rich@petittworrell.com		
		E-mail address: (	to be used for future annual report notific	cation)
For furth	er information co	oncerning this matter, please ca	all:	
Richard	T. Petitt		813 443-5345 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
<b>=</b> \$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



April 25, 2016

RICHARD T.PETITT 4830 W KENNEDY BLVD STE 475 TAMPA, FL 33609 US

SUBJECT: PETITT WORRELL WOLFE ROCHA LLC

Ref. Number: L10000094539

We have received your document for PETITT WORRELL WOLFE ROCHA LLC and your check(s) totaling \$25.00. 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.

Letter Number: 516A00008448

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Petitt Worrell Wolfe Rocha LLC			
(Name of the Lir	nited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Florida document number L10000094539	Liability Comp	pany were filed on September 9, 2010	and assigned
his amendment is submitted to amend the fo	llowing:		
. If amending name, enter the new name	of the limited	liability company here:	
Petitt Worrell Rocha PLLC			
he new name must be distinguishable and contain the	words "Limited I	Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if appl	icable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>	
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE	E PAV	N/A	
nuung uuuress mai de A Post Offici	<u>E BUAJ</u>		3
3. If amending the registered agent an	d/or registere	d office address on our records, ent	er the name of the
egistered agent and/or the new registered			May 28 III
Name of New Registered Agent:	N/A		3: 3: CORID
New Registered Office Address:		Enter Electronic dile	P
		Enter Florida street address	
		, Florida	7: 0 :
		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A			Add
			□ Remove
			□ Change
			□ Add
		<del></del>	□ Remove
			Change
			Remove.
		<del></del>	Remove Change
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ffective date, if other than the an effective date is listed, the date mus ote: If the date inserted in this blocument's effective date on the De	be specific and ck does not m	cannot be prior to neet the applica				ig.) Purs		
e record specifies a delayed The 90th day after the reco			an effectiv	e time, at 1	2:01 a.m	. on tl	he ea	rlier o
ated April 19		2016						
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<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	Signature of a n	nember or author	rized representa	tive of a member	•			

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Page 3 of 3

Filing Fee: \$25.00