## L10000106661

(Re	equestor's Name)	
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D. SCOTT FEB 3 2017

## **COVER LETTER**

TO:		stration Sec sion of Corp			
SUBJE		Bano Law F	irm P.L.	4	
SUBJE			Name of Lim	ited Liability Company	
The encl	losed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn a	all correspon	dence concerning this matter	to the following:	
			Eneid Bano		
				Name of Person	<del></del> ,
			The Orlando Law Firm P.1	L.	
				Firm/Company	_
			274 Wilshire Blvd. Ste. 23	7	
				Address	-
			Casselberry, FL 32707		
			banolaw@gmail.com	City/State and Zip Code	
			E-mail address: (	to be used for future annual report notification)	
For furth	ner inf	formation co	ncerning this matter, please ca	all:	7 SE 1
Eneid B	ano			407 4374398 at ()	<b>超</b> 五
		Name of	Person	Area Code Daytime Telephone Number	B-2 P
Enclosed	d is a	check for the	e following amount:		STA S
\$25.	00 Fi	ling Fee <sub>.</sub>	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &

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

Bano Law Firm P.L. (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 \_\_\_\_\_\_\_\_ and assigned Florida document number L10000106661 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Orlando Law Firm P.L.L.C. The new name must be distinguishable and contain 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) Enter new mailing 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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Čitv

## 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 or removed	g Authorized Person(s) authorized to r l from our records:	nanage, enter the title, name, a	nd address of each person being added
MGR = M AMBR = A	Ianager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Remove
			□ Change
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ctive date, if other than the da	ite of filing:		(opti	ional)
effective date is listed, the date must be	e specific and cannot be p	prior to date of filing o	or more than 90 days afte	r filing.) Pursuant to 605.0
e: If the date inserted in this block ument's effective date on the Depa			ining requirements, thi	is date will flot be listed
ecord specifies a delayed e	ffective date, but	not an effectiv	e time, at 12:01	a.m. on the earlier
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Filing Fee: \$25.00