#11000027057

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K. SALY EXAMINER MAR 1 1 2011

COVER LETTER

TO! Registration Sect Division of Corpo			
SUBJECT:	Roe { Associate Name of Limit	S, LLC ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	William	Roe Name of Person	
		Name of Fession	
		Firm/Company	
	<u>2550 S. Ba</u>	yshore Dr. Suite	3
	Miami, F	City/State and Zip Code	
	Wiroes KO	hotmail.com be used for future annual report notificat	ion)
For further information cor	ncerning this matter, please ca	all:	
William K Name of F) o € Person	at (954) 695-5803 Area Code & Daytime To	S elephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	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

FILED

11 MAR | | AM NO 47 Roe & Associates, LLC

(Name of the Limited Liability Company as it now appears on our records AHASSEE, FLORIDA

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 4, 201/ and assigned Florida document number <u>L110000 27057</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Roe Law Firm, 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) 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 City

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
,			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
-			<u> </u>
			_ _
Dated	March 11, 201		
	Signature of a member William Roe Typed	or authorized representative of a member	
	Typed	or printed name of signee	·· ·

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Filing Fee: \$25.00