L1100008861

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B. BOSTICK

JUL - 5 2012

EXAMINER

COVER LETTER

Division of Co	rporations					
SUBJECT:	PIMENTEL. IFIL	L & CASTILLO, F	PLLC			
SUBJECT:		ted Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	E	RIC CASTILLO, ESC	2 .			
		Name of Person				
	PIME	NTEL & CASTILLO,	PLLC			
		Firm/Company				
	19 WEST F	LAGLER STREET,	SUITE 904			
		Address				
	M	IAMI, FLORIDA 3313	30	-1		
		City/State and Zip Code			73	
		@MIALAWYERS.CC				
	E-mail address: (to be used for future annual re	port notification)	SS	2	S-mans S-mans e-fullerin
For further information	concerning this matter, please c	eall:		Fig	37	M
	CASTILLO, ESQ.	at (_305 ₎	456-05	599 <u> </u>	- 6)	Manager P.
Name	of Person	Area Code &	& Daytime Telepho	ne 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		\$60.00 Filing Fee Certificate of St Certified Copy (additional copy	tatus &	osed)

MAILING ADDRESS:

TO:

Registration Section

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

PIMEN ⁻	<u> TEL, IFILL & CASTI</u>	LLO, PLLC		
(<u>Name of the Limited</u>	Liability Company as it nov Florida Limited Liability Co	v appears on our record mpany)	<u>ls.</u>)	
The Articles of Organization for this Limited L Florida document numberL11000088		on AUGUST 2,	2011 and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liability comp	any here:		
PIM	IENTEL & CASTILLO,	PLLC		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liabilit	y Company," the designa	ation "LLC" or the abbreviation	
Enter new principal offices address, if applic	able:		TA S	
(Principal office address MUST BE A STREE	T ADDRESS)			
			D 12	
	,			
Enter new maining address, it applicable:		- <u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/ registered agent and/or the new registered o	•	ess on our records, <u>e</u>	enter the name of the nev	
Name of New Registered Agent:	ROBIN PIMENTEL,	P.A.		
New Registered Office Address: 19 WEST FLAGLER STREET, SUITE 904				
		Enter Florida stre	eet address	
	MIAMI	, Flori		
	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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby 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, 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>	Type of Action
MGRM	DANIEL M. IFILL, P.A	19 WEST FLAGLER STREET SUITE 904 MIAMI, FLORIDA 33130	Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemiove
			Add Remove
D. If amend	ling any other information, e	enter change(s) here: (Attach additional sheets, if neces	ssary.)
_			
_			
Dated	JUNE 26		
	Signature	ERIC CASTILLO, ESQ. Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00