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D. BRUCE

SEP 1 2 2011

EXAMINER

## **COVER LETTER**

Division of Corporations	
SUBJECT: Arcia Law Partners, 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:	
John P. Arcia Name of Person	
John Paul Arcia, P.A. Firm/Company	
PO BOX 330927  Address	A 5 1 8 TO
Miani, FL 33233  City/State and Zip Code	HASSEE. FLO
Parcia @ arcia (aw · Com E-mail address: (to be used for future annual report notification)	TOF STATE
For further information concerning this matter, please call:	<b>司</b> 爾
John P. Arcia at 786, 429-0410  Name of Person  Area Code & Daytime Telephone Number	<del></del>
The Source Day and Propholic Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status &

MAILING ADDRESS:

TÒ:

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

Arcia Law (Name of the Limited Lin	Parto ability Company	as it now appears or	our records.)		<del></del>	
The Articles of Organization for this Limited Liabi	ility Company w		aln	ar	nd assi	gned
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of th	<u>e limited liabili</u>	ity company here:				
The new name must be distinguishable and end with th 'L.L.C."	ne words "Limite	d Liability Company,"	the designation	"LLC" o	r the at	obreviation
Enter new principal offices address, if applicabl				TALLA	11 SE	erect "d
(Principal office address MUST BE A STREET A	(IDDRESS)			HAS	-9 -9	
Enter new mailing address, if applicable:				Y OF S	PH 2:	
Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	<del></del>		ORIDA	မ္	
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on our	records, <u>enter</u>	the na	me of	the new
Name of New Registered Agent:				<del>- 11 - 11 - 11 -</del>		
New Registered Office Address:		Enter F	Torida street ac	ldress		
-		City	, Florida _		Code	<del></del>
		City		Lιp	Cour	

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

MGR = Mar MGRM = M	nager lanaging Member		
Title	Name	Address	Type of Action
MGRM	The Arcia Law Firm, P.L.	8700 West Flagler Street Suite 355 Miani, FL 33174	Add Remove
M <u>GRM</u>	John Paul Arcia, P.A.	8700 West Flagler Street Suite 355 Miani, FL 33174	☐ Add Remove
MGRM	John PArcia	8700 West Flagler Street Suite 355 Wiami, FL 33174	Add Kemove
1 <u>BRM</u>	OMARJ Arcia	8700 West Flagler Street Miani, FL 33174	Add Remove
<del></del>			Add Remove
	<del></del>		Add Remove
D. If amend	ing any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	
. <del></del>		ALLAHASSE	
Dated Se	otenber 2, 201		T P P P P P P P P P P P P P P P P P P P
	John P. Arci	rauthorized representative of a member printed name of signee	

Page 2 of 2

Filing Fee: \$25.00