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COVER LETTER

TO:	Registration S Division of Co				
SUBJE	.СТ:	Name of Limit	mi Legal Associated Liability Company	ates, PLLC	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please 1	eturn all correspo	ondence concerning this matter	to the following:		
		Michell	e de Vera Name of Person		
		Mami Lea	gal Associates		
		815 NW	57th Ave, S	uite 201 21 APR 19	ر میں استام ا
		Miami, +	-L. 33126	785.7 786.7 61.3	
		michelle ami E-mail address: (to	City/State and Zip Code AM LOGIASSOCIATION of the Used for future annual report notifications.	es.com	ί.
For furt	her information of	concerning this matter, please ca	all:		
M	ichelle Name d	de Vera of Person	at (<u>305</u>) 926-80 Area Code & Daytime Te		
Enclose	ed is a check for t	he following amount:			
\$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	d)

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

1_

Miami Legal Ass	rogates, PLLC
(<u>Name of the Limited Lability Compan</u> (A Florida Limited Li	ny as it now appeárs on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 11100010774.	were filed on 9 20 20 11 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
Miami Legal Group), PLLC
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	815 NW 57 Ave
(Principal office address MUST BE A STREET ADDRESS)	Suite 201
	miami, FL 33/2 Las
Enter new mailing address, if applicable:	APP TO
(Mailing address MAY BE A POST OFFICE BOX)	9 1
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enier rioriaa sireei aaaress
	, Florida

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action **Title Address** Name Remove Remove Remove Add Remove Add. ф Remove Remove

. If ar	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ted _	April 16 , 2013.
	M
	Signature of a member or authorized representative of a member
	Michelle de Vera
	Typed or printed name of signee
	Page 3 of 3

Page 3 of 3

Filing Fee: \$25.00

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