

L11000126880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

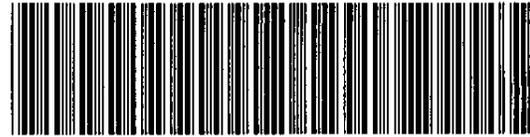
(Business Entity Name)

(Document Number)

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11 DEC 15 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan DEC 16 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Legal Solutions Law firm 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:

Del Pino, Haven
Name of Person
Legal Solutions law firm LLC.
Firm/Company
900 W. 49 St # 422
Address
Hialeah FL 33012
City/State and Zip Code
hdelpino@legalslf.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Haven Del Pino at (305) 448-9590
Name of Person Area Code & Daytime Telephone 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 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 DEC 15 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Legal Solutions Law Firm LLC.

(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 11/8/11 and assigned Florida document number L1100012-0880.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

900 W. 49 ST

422

Hiataeh Florida 33012

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

900 W. 49 ST

422

Hiataeh Florida 33012

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:

Del Pino, Haven

New Registered Office Address:

900 W. 49 ST #422

Enter Florida street address

Hiataeh

City

Florida

33012

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, I hereby confirm that the limited liability company has been notified in writing of this change.

Haven Del Pino

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>	<u>Type of Action</u>
MGRM	DelPino, Haven	900 W. 49 th street suite, 422 Hialeah FL 33012	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Pino, Haven Del		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Tax ID # 45-3757672

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 TALLAHASSEE, FLORIDA

Dated Dec 8, 2011

Haven Del Pino
Signature of a member or authorized representative of a member
Haven Del Pino, Esq.
Typed or printed name of signee