111000132066

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900368244819

06/18/21--01012--018 **25.00



U Sirvingica...

JUL 15 2021

COVER LETTER

TO:	Registration Se Division of Cor			
etto re	PinoNichol	son, PLLC	•	
SUBJ	ECT:	Name of Lim	ited Liability Company	.
		Amendment and fee(s) are sub	-	
i icasc	return an correspo	Paula Barnett	to the following.	
			Name of Person	
		PinoNicholson, PLLC		
			Firm/Company	
		99 S. New York Ave.		
			Address	
		Winter Park, FL 32789		
			City/State and Zip Code	
		pbarnett@pinonicholsonlaw E-mail address: (1	o be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca		
Paula l	Barnett		407 956-4245	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3521 JUH 18 PH 1: 43

PinoNicholson, PLLC		ī * .	
(Name of the Limited Liability (A Florida I	Company as it now app Limited Liability Company	cars on our records.)	**************************************
The Articles of Organization for this Limited Liability Co	ompany were filed on	11/7/2011	and assigned
Florida document number 1.11000132066			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company	here:	
Pino Nicholson, PLLC			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the	e designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE			-
		<u>.</u>	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our	records, enter the	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
		Florid	a
	City	<u>—</u> ——	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M	anager			• •	
AMBR = A	uthorized Member		2121 JUN 18	PH 1:43	
<u>Title</u>	<u>Name</u>	Address	•	\ \ <u>`</u>	Type of Action
			· , , ,	· 1	□Add
		-			Remove
					□Change
			<u> </u>	.	□Add
					□Remove
					□Change
		-			□Add
					□Remove
					□Change
		 -			□Add
					□Remove
			-		Change
		-			□ Add
				-	□Remove
					□Change
					□Add
					□Remove

			_					_		es/	JUH I	8 PH	1:4;	3	
			 -		_					. .					
						_				ż		t		,- 	
			, <u>.</u>	_							_ <u>_</u>				
			_		<u> </u>	_		_	_	_			-		
												<u>-</u>			
								<u> </u>	<u>-</u>			_			
						_					_			<u> </u>	-
		_													
						-		-		_	_				
			_	<u></u>	<u>-</u> _		-					<u> </u>	_		
,					<u>_</u>	·				_	_				
											_	<u> </u>			
		-	-	-							_	_			
-	·								_		<u> </u>	_			
			-				_								
	· <u> </u>		_				_								
										_		_	. <u>-</u>		-
Effect	ive date,	if other	than th	e date	of filin	g:						(opt	ional)		
11010.	ii iiic dat	c misericu	in ans c	HOUN QC	es not r	neetine	applica	to date c ible sta	f liling (tutory f	or mor filine	e than 90 requiren	days afte tents th	r filing.) is date v	Pursuant t	o 605.0207 e listed as
docum	ient's effe	ctive date	on the l	Departm	ent of S	State's re	ecords.		•	φ					e nated at
e recor	d specifie led.	s a delaye	d effecti	ve date,	but not	an effe	ctive tii	ne, at l	2:01 a.	m. on	the earl	ier of: (l) The	90th day	after the
rd is fil															
rd is fil	1000 11					2021									
rd is fil Dated	10us-11	<u> </u>			<u> </u>	·		_ ·							

Filing Fee: \$25.00

Typed or printed name of signee