

L12000005575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

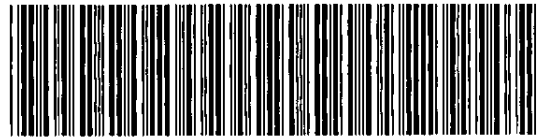
(Business Entity Name)

(Document Number)

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12 JUL 12 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 13 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2012

ALBERTO VALDES / COMMONWEALTH
8405 NW 53RD STREET
SUITE C-101
DORAL, FL 33166

SUBJECT: COMMONWEALTH PARALEGAL SERVICES, LLC.
Ref. Number: L12000005575

We have received your document for COMMONWEALTH PARALEGAL SERVICES, LLC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$55.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 312A00017764

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Commonwealth Paralegal Services, 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:

Alberto Valdes
Name of Person

Commonwealth
Firm/Company

8405 NW 53rd Street Suite C-101
Address

Doral, FL 33166
City/State and Zip Code

albertovaldes@commonwealth-law-group.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alberto at 305, 470-9512
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

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: COMMONWEALTH PARALEGAL SERVICES
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:

ALBERTO VALDES

Name of Person

COMMONWEALTH PARALEGAL SERVICES

Firm/Company

8405 NW 53 RD STREET SUITE C-101

Address

DORAL , FL 33166

City/State and Zip Code

AMKINVESTMENTSANDFINANCES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBERTO VALDES

Name of Person

at (305)

470-9512

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

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☒ \$55.00 Filing Fee &
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations */carolyn*
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
12 JUL 12 AM 8:50

COMMONWEALTH PARALEGAL SERVICES, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/12/12 and assigned
Florida document number L12000005575.

This amendment is submitted to amend the following:

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

COMMONWEALTH LAW GROUP, LLC

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:

8405 NW 53RD STREET SUITE C-101

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FLORIDA 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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, I hereby 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>	<u>Type of Action</u>
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated 7-9-12



Signature of a member or authorized representative of a member
Alberto Valdes

Typed or printed name of signee

FILED
12 JUL 12 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA