

L12000009967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

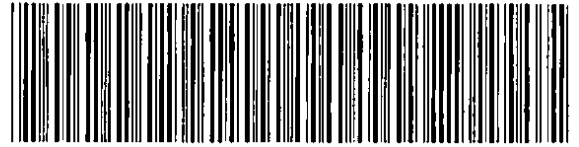
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400410559694

06/16/23--01021--012 **25.00

2023 JUN 16 12:11:23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Law Office of Todd A. Kawecki, 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:

Todd Kawecki

Name of Person

The Law Office of Todd A. Kawecki LLC

Firm/Company

418 S Colorado Ave

Address

Stuart, FL 34994

City/State and Zip Code

tkawecki@kaweckilaw.com

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

For further information concerning this matter, please call:

Todd Kawecki

772 - 485-4500

at () -

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICE OF THE
CLERK OF THE
SUPREME COURT
STATE OF FLORIDA

2023 JUN 16 AM 11:23

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

The Law Office of Todd A. Kawecki 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 January 23, 2012 and assigned
Florida document number L12000009967.

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 contain 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)

418 S Colorado Avenue

Stuart, FL 34994

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

City

Florida

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 Changing Registered Agent, Signature of New Registered Agent

[illegible]

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 8, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

2023 JUN 6 AM 11:23

Filing Fee: \$25.00