L12000038877

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COVER LETTER

Registration Section Division of Corporations Lyons & Ruggerio, PLLC 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: Megan Lyons, Esq. Name of Person Lyons Law Firm/Company 903 Lake Lily Drive Suite B216 Address Maitland, Florida 32751 City/State and Zip Code mlyons@fiercerepresentation.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Megan Lyons Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing F

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of St

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Lyons & Ruggerio, PLLC | | | |
|--|---|--------------|--|
| (Name of the Limited Liability Compa) (A Florida Limited L | ny as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited Liability Company Florida document number L12000038877. | were filed on March 20, 2012 | and a | assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| Megan Lyons, PLLC | | | |
| The new name must be distinguishable and end with the words "Limi "L.L.C." | ited Liability Company," the designation | "LLC" or the | e abbreviation |
| Enter new principal offices address, if applicable: | 903 Lake Lily Drive, Suit | e B216 | |
| (Principal office address MUST BE A STREET ADDRESS) | Maitland, Florida 32751 | A S | |
| | | LAHE W | 2 / |
| Enter new mailing address, if applicable: | Post Office Box 940757 | <u>m</u> i≺ | 71 gharas |
| (Mailing address MAY BE A POST OFFICE BOX) | Maitland, Florida 32794 | | • |
| | | ORID. | ************************************** |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | the name | of the new |
| registered agent and/or the new registered office address ner | <u>c</u> . | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida street a | ddress | |
| | | | |
| | , Florida _ City | Zip Co | ode |

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

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|----------------------|----------------|
| MGR | Jason Ruggerio | 885 Cassadaga Road | Add |
| | | Lake Helen, FL 32744 | Remove |
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| . If am | ending any other information, enter change(s) here: (Attach additional sheets. if necessary.) |
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| | Signature of a member or authorized representative of a member |
| | Megan Mary Lyons, Esq. |
| | Typed or printed name of signee |

Page 3 of 3

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SECRETARY OF STATE
TALLAHASSEE, FLORID.