Florida Department of State Division of Comporations Florida Department of State Division of Comporations Florida Department of State Division of Comporations Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| | Account Name : LAZARUS CORPORATE FILING SERVICE | . INC. | Ĭ |
| | Account Number : I20000000019 | | Ç |
| | Phone : (305)552-5973 | 포함 | |
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| | Fax Number : (305)675-5944 | - | |

annual report mailings. Enter only one email address please.**

Email Address:

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GUILLERMO PEREZ LAW MANAGEMENT & COLLECTION
SERVICES

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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JAN 1 4 2010 J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Guillermo Perez Law Management & Collect | ion Services, LLC. | |
|---|--|---|
| (Name of the Limited Liability | v Company as it now appears on our records.) Limited Limbility Company) | |
| (A Plongs | Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Co | ompany were filed on 12/20/2012 | and assigned |
| Florida document number L12000158671 | | |
| 1 Iona occinent minaci | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ted liability company here: | |
| | , | |
| The new name must be distinguishable and contain the words "Limi | red Liability Company," the designation "LLC" or t | ac abbreviation "L.I.C." |
| | , | 学 グ (22) |
| Euter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR | ESS) 1300 NW 84 AVE | 77 77 TE TO |
| | DORAL, FL 33126 | 29年 🐱 |
| | | |
| Enter new mailing address, if applicable: | | 77.0 |
| (Mailing address MAY BE A POST OFFICE BOX) | 1300 NW 84 AVE | \$150 (n |
| [Manual == 00 1211 B2 31 V V V V V 110 D 20 39 | DORAL, FL 33126 | Sign is |
| | **** | |
| B. If amending the registered agent and/or regist | tered office address on our records, en | ter the name of the new |
| registered agent and/or the new registered office addr | ress here: | _ |
| | | |
| Name of New Registered Agent: | | |
| Name of the Address | | |
| New Remistered Office Address: | Enter Florida street address | |
| | ma* 3 | } |
| <u> </u> | , Florida | Zip Codz |
| New Registered Agent's Signature, if changing Registered | Agent: | |
| | | anne de namente cuidh élec |
| I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co | ma agree to act in this capacity, I juriner smalete performance of my duties, and I t | agree to compty who the am familiar with and |
| accept the obligations of my position as registered ag | gent as provided for in Chapter 605, F.S. | Or, if this document is |
| being filed to merely reflect a change in the registere | d office address. I hereby confirm that th | e limited liability |
| company has been notified in writing of this change. | | |
| | | |
| i | | |
| | If Changing Registered Agent, Signature of Ne | W Registered Agent |
| | Does 1 of 7 | |
| | Page 1 of 3 | 1 |

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| MGR = M: AMBR = A | anager nthorized Member | | |
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| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| AMBR | Guillermo Perez | 1300 NW 84 Ave | ₩ Add |
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| | Filing Fee: \$25.00 | | |
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