L12000161682

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(Re	questor's Name)	
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J. SAULSBERRY EXAMINER JAN 08 2013

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT.

Law Offices of Gomez & Gomez, 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:

Richard M. Gomez

Name of Person

Law Offices of Gomez & Gomez

Firm/Company

4300 Biscayne Blvd. - Suite 305

Address

Miami, FL 33137

City/State and Zip Code

richardgomez@rgpalaw.com

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

For further information concerning this matter, please call:

Richard M. Gomez

,305 **825-5506 ext. 31**

Area Code & Daytime Telephone Number

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Law Offices of Gomez & C				
(Name of the Limited	<u>l Liability Compa</u> A Florida Limited I	ny as it now appea Liability Company)	rs on our recor	<u>rds.</u>)
The Articles of Organization for this Limited L	iability Company	were filed on 12	-28-12	and assigned
Florida document number <u>L12000161682</u>	·			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company he	<u>re</u> :	
Law Offices of Gomez & Gomez PL				
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Comp	any," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if appli-	cable:	NA		22
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:		ΝA		A CO
(Mailing address MAY BE A POST OFFICE	(BOX)			90 80 V
·				
B. If amending the registered agent and registered agent and/or the new registered of			our records,	enter the name of the new
Name of New Registered Agent:	NA		·	
New Registered Office Address:	NA .			
		E	nter Florida sti	reet address
			, Flo	rida
		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 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:

ć,

MGR = Mau MGRM = M	ager anaging Member		. "	
Title .	Name	Address	<u>T</u>	pe of Action
		NA		Add
			,	Remove
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			W.M.	Add
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Purpose - renderi	ng professional legal	services = =====	
			
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December, 31		· · · · · · · · · · · · · · · · · · ·	

Typed or printed name of signee

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Filing Fee: \$25.00

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