L13000144748

(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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K. SALY Mar 17 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 26, 2017

MIGUEL ROSADA correct letter 301 W BAY ST. 14TH FL JACKSONVILLE, FL 32202

SUBJECT: PHOENIX LAW FIRM, P.L.

Ref. Number: L13000144748

We have received your document for PHOENIX LAW FIRM, P.L. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Karen A Saly Regulatory Specialist II

Letter Number: 117A00000177

THAN IS PHIZ: 43

COVER LETTER

(O: Registration Se Division of Cor			
PHOENIX	LAW FIRM, P.L.		
	Name of Limited	Liability Company	
he enclosed Articles of	Amendment and fee(s) are submitted	ed for filing.	
ease return all correspo	ondence concerning this matter to th	e following:	
	MIGUEL A. ROSADA		
	- 18	Name of Person	
		Firm/Company	·····
	301 W. BAY STREET, 14TH	FLOOR	
		Address	
	JACKSONVILLE, FL 32202		
	Ci	ty/State and Zip Code	
	E-mail address: (to be	used for future annual report	notification)
or further information c	oncerning this matter, please call:		
MIGUEL A. ROSADA		904 329-723 at ()	
Name o	f Person	Area Code Da	ytime Telephone Number
inclosed is a check for the	ne following amount:		
\$25.00 Filing Fee PTHO Y PAY 0201NG 18 UET	□ \$30.00 Filing Fee & □ Certificate of Status	3 \$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**

2017 MAR 15 PM 1:32

PHOENIX LAW FIRM, P.L.

(Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company)

		CURION
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
lorida document number L13000144748		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
ROSADA LAW, P.L.L.C.		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	301 W. BAY STREET, 14TH	H FLOOR
Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32202	
Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE BOX"	•	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		ds, <u>enter the name of the</u>
New Registered Office Address:		
_	Enter Florida street addr	ess
·		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 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

or removed from our records: FILED 2017 MAR 15 PM 1: 32 MGR = Manager AMBR = Authorized Member **Type of Action Title** Name **Address** □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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ective date, if other than the	date of filing:		(optional)
n effective date is listed, the date must te: If the date inserted in this bl	st be specific and cannot be prior lock does not meet the applic	to date of filing or more the	an 90 days after filing.) Pursuant to 6
cument's effective date on the D	epartment of State's records.	acie siminiory minigred	arvinorio, and auto will not be in
record specifies a delayed	d effective date, but no	t an effective time,	at 12:01 a.m. on the ear
he 90th day after the rec	ord is filed.		
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	Signature of a member or author	rized representative of a	Aarmaar

Page 3 of 3

Filing Fee: \$25.00