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COVER LETTER

	istration Sect ision of Corpo			
SUBJECT:	The Law Offi	ce of Keven Leveille, PL		
SOBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	lence concerning this matter	to the following:	
		Keven Leveille		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		The Law Office of Keven	Leveille, PL	
			Firm/Company	
		8284 NE 3rd Ave		
			Address	
		Miami FL 33138		
			City/State and Zip Code	
		keven@leveillelaw.com		
		E-mail address: (to be used for future annual report n	otification)
For further in	formation con	cerning this matter, please c	all:	
Keven Levei	ille		786 7344261 at ()	
	Name of F	erson	Area Code Dayt	ime Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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

The Law Office of Keven Leveille, PL (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L13000158631 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Leveille Law Group, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) U N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address 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

1	enter change(s) here: (Attach addition	
		
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ote: If the date inserted in this block do becament's effective date on the Departm	es not meet the applicable statutory filing ent of State's records. ctive date, but not an effective tir	(optional) re than 90 days after filing.) Pursuant to 605.0207 requirements, this date will not be listed as me, at 12:01 a.m. on the earlier of
April 29	2016	
Jem	Leilen	
Keven Leveille	urf of a member or authorized representative o	of a member
	Typed or printed name of signee	S
		THE CHANGE
		TO TO

Filing Fee: \$25.00