

L13000174322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

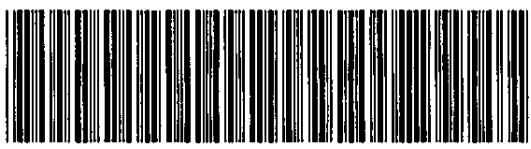
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
FEB 25 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Law Office of Lysa Clifton, 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:

Lysa Clifton

Name of Person

Law Office of Lysa Clifton, PLLC

Firm/Company

PO Box 13916

Address

Tampa, FL 33681

City/State and Zip Code

Lysa@LysaClifton.com

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

For further information concerning this matter, please call:

Lysa Clifton

Name of Person

at **813 765-5972**

Area Code

Daytime Telephone Number

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

FILED
2014 FEB 24 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Law Office of Lysa Clifton, PLLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/18/2013 and assigned
Florida document number L13000174322.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

400 N. Ashley Drive

(Principal office address MUST BE A STREET ADDRESS)

26th Floor / Suite 2600

Tampa, FL 33602

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 13916

Tampa, FL 33681-3916

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:

Name of New Registered Agent:

Lysa Nichole Clifton

New Registered Office Address:

400 N. Ashley Drive, 26th Floor / Suite 2600

Enter Florida street address

Tampa

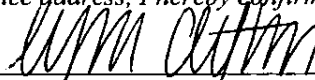
City

Florida 33602

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

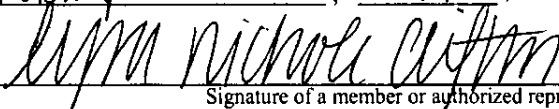
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

MGRM- Currently listed as Lysa N Clifton Ravesi, name
should be changed to maiden name only, and be listed
as Lysa Nichole Clifton. Please see supporting documentation
attached as 'Exhibit A'- Final Judgment of Simplified Dissolution
of Marriage.

E. Effective date, if other than the date of filing: 2/10/2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 20th, 2014.



Signature of a member or authorized representative of a member

Lysa Nichole Clifton

Typed or printed name of signer