L14000029327

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (786)409-5946

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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A. LUNT

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PROVE MY INNOCENCE, LLC

Certificate of Status	0
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Page Count	05
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Please filed it on the day that was faxed 4/23

Already send correct articles 4/23/14

re-fax 4/24/14

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Please filed ASAP

5/2/14

re-fax 5/1/14

May 2, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PROVE MY INNOCENCE, LLC
901 NORTH OLIVE AVE
WEST PALM BEACH, FL 33401

SUBJECT: PROVE MY INNOCENCE, LLC
REF: L14000029327

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

SECTION D ARTICLE IV CAN NOT BE READ.

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.

Agnes Lunt
Regulatory Specialist II

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Letter Number: 114A00009398

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 – Tallahassee, Florida 32314

H14000097076

(6)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROVE MY INNOCENCE 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:

ROGER P FOLEY
Name of Person

Firm/Company

901 North Olive Ave
Address

West Palm Beach, FL 33401
City/State and Zip Code

rpfoley@rpfoley.com
E-mail address: (to be used for future annual report notification)

2014 APR 23 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Name of Person at (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

H14000097076

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PROVE MY INNOCENCE, LLC
(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 FEB 20, 2014 and assigned Florida document number L14000029327.

This amendment is submitted to amend the following:

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

PROVE MY INNOCENCE, PLLC

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: _____

(Principal office address MUST BE A STREET ADDRESS) _____

_____

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:

Name of New Registered Agent: _____

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

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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

Title	Name	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

ARTICLE IV

This company is organized for the purpose of transaction any or all business as a lawyer licenced to practice law in Florida

This company is organized for the purpose of transaction any or all business as a lawyer licenced to practice law in Florida.

E. Effective date, if other than the date of filing: _____ (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 April 17, 2014.

Roger P Foley
Signature of a member or authorized representative of a member

Roger P Foley
Typed or printed name of signer

Filing Fee: $25.00

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