## 11400139136

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies Certificates of Status		s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700263714617

09/10/14--01024--003 \*\*55.00

2014 SEP 10 PM 1: 07

## **COVER LETTER**

10:	Registration Section Division of Corporations
•	•

JOE VIACAVA LAW FIRM, 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:

Joseph G. Viacava

The Joe Viacava Law Firm, PLLC

2036 McGregor Blvd.

Fort Myers, FL 33901

City/State and Zip Code

joeviacavalaw@gmail.com

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

For further information concerning this matter, please call:

Joe Viacava

Name of Person

at (239) 410-8292 Daytime Telephone Num

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

(Name of the Limi	ted Liability Comp	any as it now appears on our reco	rds.)
The Articles of Organization for this Limited L Florida document number L14000139136	,	Liability Company) y were filed on 09/05/2014	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited lial	bility company here:	
THE JOE VIACAVA LAW FIRM, PLL	.C		
The new name must be distinguishable and end with the	words "Limited Lia	ibility Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	l/or registered (		ds, enter the name of the new
	N/A		
New Registered Office Address:		Enter Florida street addr	ess
		City , I	Florida Zip Code Y
New Registered Agent's Signature, if changing	Registered Agent	<u>u</u>	
I hereby accept the appointment as register, provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the	per and complete	e performance of my duties,	and I am familiar with and 📜

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 = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			_ Add
			Remove
			□ Remove
			Add
			□ Add
			□ Remove
			Add
			Remove
			2811 SEP 10 Per STATE OF STATE
			TE Remove STALL

D. If	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
(The th	fective date, if other than the date of filing:
Da	September 9 2014
<i>D</i> .	
	Signature of a member or authorized representative of a member
	Joseph G. Viacava
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 SEP 10 PH 1:07