

THE STATE OF TEXAS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 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

Name of Person

The Joe Viacava Law Firm, PLLC

Firm/Company

2036 McGregor Blvd.

Address

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

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

FILED
2014 SEP 10 PM 1:07
TALLAHASSEE, FLORIDA
CLERK OF STATE

JOE VIACAVA LAW FIRM, PLLC

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Zip Code _____

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>
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 STATE
 SECRETARY
 OFFICE

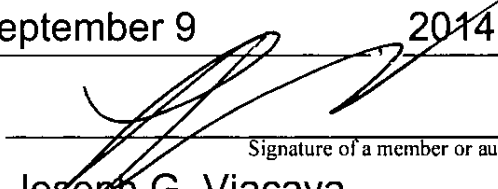
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 September 9 2014



Signature of a member or authorized representative of a member
Joseph G. Viacava

Typed or printed name of signee

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Filing Fee: \$25.00

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