## 14000186332

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## **COVER LETTER**

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erin ii		FIRM, LLC			
SUBJE	ECT:		ited Liability Company		
The en	closed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please	return all correspo	indence concerning this matter	to the following:		
		Naisleth Rodriguez			
			Name of Person	<del></del>	
		MSP LAWFIRM, LLC			
Firm/Company					
5000 SW 75th Ave Suite 400					
		·	Address		
		Miami FL 33155			
			City/State and Zip Code		
		Sandra Rodriguez < srodrigu	uez@msprecovery.com to be used for future annual report no	er atta	
For fur	rther information c	n-man address: ( oncerning this matter, please ca		encation)	
	uls D. saladans su		305 614 2722		
<del></del>	Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclos	sed is a check for the	he following amount:			
<b>■</b> \$2	5.00 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



MSP LAWFIRM, 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 $\frac{12/05/20}{}$	)14 and assigned
Florida document number L14000186332		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	vility company here:	
MSP LAW FIRM, PLLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>n/a</u>	
(Principal office address MUST BE A STREET ADDRESS)	-	
Enter new mailing address, if applicable:	n/a	
(Mailing address MAY BE A POST OFFICE BOX)		
Name of New Registered Agent:  New Registered Office Address:	r <b>e:</b> Enter Florala st	reet address
	City	Florida
New Registered Agent's Signature, if changing Registered Agent:	· <b>:</b>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capa performance of my c provided for in Chap	luties, and I am familiar with and ter 605, F.S. Or, if this document is

lf amendin or removed	g Authorized Person(s) authorized       <u>from our records</u> :	to manage, <u>enter t</u>	he title, name, and address of eac	h person being added			
MGR = Manager AMBR = Authorized Member			2017 JUN 28 PM 1: 19 Type of Action				
<u>Title</u>	<u>Name</u>	Address	SECRETARY OF STATE TALLAHASSEE, FLORID:	Type of Action			
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etive date, if other than the date of filing effective date is listed, the date must be specific and of the date inserted in this block does not ment's effective date on the Department of	id cannot be prior to meet the applicab	date of filing or more t	(option: han 90 days after fili quirements, this da	ng.) Pursuant to 605.0
ecord specifies a delayed effective se 90th day after the record is filed		an effective time	e, at 12:01 a.n	n. on the earlier
a 6 an 17		2.		

Page 3 of 3

Filing Fee: \$25.00