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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

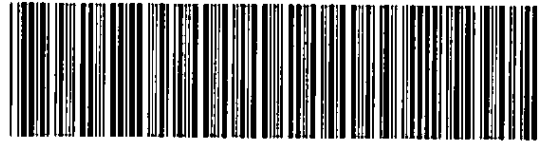
(Business Entity Name)

(Document Number)

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04/25/22--01005--005 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
22 JUL 11 PM 1:08

T. MATTHEWS

JUL 25 2022



RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 JUL 11 PM 12:29

SECRET
TREASURY/SEI/FL

June 15, 2022

CARL G. SANTANGELO
3300 N. FEDERAL HWY, STE 200
FT. LAUDERDALE, FL 33306

SUBJECT: CARL G. SANTANGELO, PLLC
Ref. Number: L15000002893

We have received your document for CARL G. SANTANGELO, PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 222A00013348

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carl G. Santangelo, 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:

Carl G. Santangelo
Name of Person

Carl G. Santangelo, PLLC
Firm/Company

3300 N. Federal Hwy., Suite 200
Address

Ft. Lauderdale, FL 33306
City/State and Zip Code

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

For further information concerning this matter, please call:

Carl G. Santangelo at (954) 561-3040
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

F.L.L.C.
SECRETARY OF STATE
DIVISION OF CORPORATION

Carl G. Santangelo, PLLC

22 JUL 11 PM 1:08

(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 01/06/2015 and assigned Florida document number 215000002893.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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

City

Florida

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.

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

AMBER	Carl W. Santangelo	3300 N. Federal Hwy., Suite 200 Not Ft. Lauderdale, FL 33306	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Typed or printed name of signee