# 115000095922

(Re	questor's Name)	
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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**500299409666** 05/19/17--01021--022 \*\*25.00

Maria Maran

MAY 2 2 2017 Y SULKER



Earnhardt Building 2254 1st Street Fort Myers, FL 33901 Ph: (239) 791-7950 Fax: (239) 791-7951

May 18, 2017

### Via UPS

Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find Check No.002495 in the amount of \$25.00 for the filing of the Articles of Amendment to Articles of Organization of: Aloia, Roland & Lubell, PLLC, correcting the new name of our Firm to: Aloia, Roland, Lubell & Morgan, PLLC. I have placed a pre-stamped envelope addressed back to us, once this has been approved and filed, please return all information back to our office.

If you have any questions or concerns, please do not hesitate to contact our office.

Thank you for your assistance.

Sincerely,

Lacey Rice,

Legal Assistant to Frank Aloia Jr.,

For the Firm

# **COVER LETTER**

Div	ision of Corp	orations		
SUBJECT:	Aloia, Rolan	d & Lubell, PLLC		
SOBJECT.		Name of Lim	nited Liability Company	
The enclosed	Articles of A	nnendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Frank J. Aloia, Jr		
			Name of Person	
		Aloia, Roland & Lubell, Pl	LLC	
			Firm/Company	
		2254 First Street		
			Address	
		Fort Myers, FL 33901		
			City/State and Zip Code	
		divisionofcorporation@flor		
			to be used for future annual report notific	cation)
For further in	iformation co	ncerning this matter, please ca	all:	
Jill Cory			239 791-7950 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

**Registration Section** 

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

Aloia, Roland & Lubell, PLLC		
( <u>Name of the Limited Liah</u> (A Flor	i <mark>llity Company as it now appears on our record:</mark> ida Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability	Company were filed on 5/26/2015	and assigned
Florida document number L15000095922	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Aloia, Roland, Lubell & Morgan, PLLC		
The new name must be distinguishable and contain the words "L	imited 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 ADI	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		17
		The second second
		2888 2888 2888
B. If amending the registered agent and/or reg		, enter the name of the new
registered agent and/or the new registered office ad	ldress here:	
Name of New Registered Agent:		7
New Registered Office Address:		
	Enter Florida street address	,
	, Fla	orida
	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Manager	Jack C. Morgan, III	2254 First Street	■ Add
		Fort Myers, FL 33901	Rcmove
			☐ Change
			Remove
			Change
			Remove
			□ Remove
			Change
		-	□ Remove
			Change
			☐ Remove
			☐ Change

amending any other information, enter change(s) here: (Attach additional sheets, if nea	cessary.)		-
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4/1/2017	NO.	6.0 	
ective date, if other than the date of filing: (option effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	ional)		

Page 3 of 3

Filing Fee: \$25.00