

L15000129510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

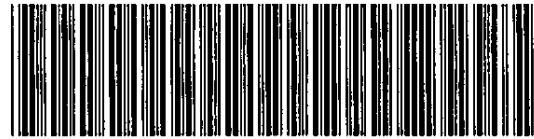
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400291028414

10/17/16--01027--001 **55.00

16 OCT 17 AM 11:21

FILED
CLERK OF DISTRICT COURT
JUDICIAL DISTRICT NO. 1
STATE OF MONTANA

OCT 18 2016

J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Roppo Molandes, 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:

Vito M. Roppo

Name of Person

Roppo Rechten, PLLC

Firm/Company

3765 Airport Rd Ste 201

Address

Naples, FL 34105

City/State and Zip Code

Vito @ roppo molandes.com

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

For further information concerning this matter, please call:

Vito M Roppo

Name of Person

at (239)

Area Code

450-4528

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

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

Roppo Molandes, PLLC

(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 7/29/15 and assigned
Florida document number L15000129510.

This amendment is submitted to amend the following:

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

Roppo Rechten, PLLC

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)

3765 Airport Pulling Rd. Ste. 201
Naples, FL 34105

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3765 Airport Pulling Rd. Ste. 201
Naples, FL 34105

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

_____, Florida
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

MGR = Manager
AMBR = Authorized Member

☐ Remove
☐ Change
☐ Add
☐ Remove

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

VA M R

Vito M. Roppo

FILED
U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
16 OCT 17 AM 11:21