L1500156065

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COVER LETTER

	Registration Se Division of Cor					
SHRIECT	Curtis Mora					
Name of Limited Liability Company						
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retu	ırn all correspo	ndence concerning this matter	to the following:			
		Francisco Mora				
			Name of Person			
	SouthShore Injury Attorneys					
	Firm/Company					
	921 Heritage Groves Drive					
	Address					
		Brandon, Florida 33510				
		71	City/State and Zip Code			
		frank@ssinjuryatty.com	to be used for future annual report not			
For further	information co	oncerning this matter, please co		ification)		
Francisco			813 777-9866 at ()			
	Name of	Person	at () Area Code Daytim	ne Telephone Number		
Enclosed is	s a check for th	e 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

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PALLAHASSEE, FLORIS

Curtis Mora 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 ^{09/14/2015} Florida document number <u>L15000156065</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SouthShore Injury Attorneys, PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 921 Heritage Groves Drive Enter new principal offices address, if applicable: Brandon, FL 33510 (Principal office address MUST BE A STREET ADDRESS) P.O. Box 3605 Enter new mailing address, if applicable: Apollo Beach, Florida 33572 (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 , Florida City

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 = M	or removed from our records: MGR = Manager AMBR = Authorized Member		FILEL 2017 JUN 21 PM 2: 46	
<u>Title</u>	<u>Name</u>	Address	TALLAHASSEE, FLORID	
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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		TALLAH JARY DE
		FALLAHASSEE, FLORID.
		
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ffective date, if other than t an effective date is listed, the date i	e date of filing: ust be specific and cannot be prior to date of filing or more than 90 day	(optional) vs after filing.) Pursuant to 605,0207
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ocument's effective date on the	repartment of State's records.	
e record specifies a delay	ed effective date, but not an effective time, at 12	:01 a.m. on the earlier of
The 90th day after the r		
Ivos 16	2017	
ated June 16	2017	
8 11	/h	
	Signature of a member or authorized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00