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COVER LETTER

TO:

Registration Section
Division of Corporations

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Change from LLC to PLLC SUBJECT: 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: Carlos J. Borroto Name of Person Law Offices of Carlos Borroto Firm/Company 4101 SW 122 CT Address miami, Fl, 33175 City/State and Zip Code borroto@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carlos Borroto Name of Person Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) STREET/COURIER ADDRESS: **MAILING ADDRESS:**

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Law Office of Carlos Borroto, LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it now appears on our reco Liability Company)	ords.)	
ne Articles of Organization for this Limited Lorida document number	iability Company	were filed on 12/10/15	and assigned	
is amendment is submitted to amend the following	lowing:			
	J			
. If amending name, enter the new name o	*	ility company here:		
AW OFFICES OF CARLOS BORROTO, PLLC				
e new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		N/A		
Principal office address MUST BE A STREET ADDRESS)			三 芸織 ま	
			红色 五一	
star new mailing address if applicables			6是 6 所	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	- 3	
			<u></u>	
		V. L. M. T. T. T. M. C. T.		
. If amending the registered agent and	or registered of	ffice address on our recor	ds, enter the name of the	
egistered agent and/or the new registered of				
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida street add	ress	
		,	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

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* **Type of Action Title** <u>Name</u> <u>Address</u> □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change

AMMEND TO ARTICLES OF ORGANIZATION:		
BUSINESS PURPOSE: PRACTICE OF LAW		
		
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ctive date, if other than the date of filing:effective date is listed, the date must be specific and cannot be e: If the date inserted in this block does not meet the aument's effective date on the Department of State's rec	plicable statutory filing requirements, this date v	Pursuant to 605.
ecord specifies a delayed effective date, but ne 90th day after the record is filed.	not an effective time, at 12:01 a.m. o	on the earlie
ed FEBRUARY 2 , 2016		
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Page 3 of 3

Filing Fee: \$25.00