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ART OF CLASE STREET, FLORIDA

COVER LETTER

TO:	Registration Se Division of Cor			
cub u		Zapata, PLLC	·	
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Jeremy R. Dorsett		
			Name of Person	
		Dorsett & Zapata, PLLC		
			Firm/Company	
		2332 Galiano Street, Secon	nd Floor	
			Address	
		Coral Gables, FL 33134		
			City/State and Zip Code	
		jdorsett@dorsettzapata.com		
			to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	nll:	
Jeremy	R. Dorsett		407 398-9353	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	c following amount:		
□ \$ 2:	5.00 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:

TO:

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

Dorsett & Zapata, PLLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on October 12, 2016	and assigned
Florida document number L16000189530		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
Dorsett Immigration Law, PLLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		17 SE 32
Principal office address MUST BE A STREET ADDRESS)		E S T
		2 F
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		2 A
		- <u> </u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the ne
egistered agent and/or the new registered office address her	<u>x</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	da 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>	Name	Address	Type of Action
		 	
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Fective date, if other than the dan effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Dep	November 1, 2017 the specific and cannot be prior to date of filing on the does not meet the applicable statutory from the sta	(optional) or more than 90 days after filing.) Pursuant t iling requirements, this date will not be	to 605,0 2 0 e listed a
e record specifies a delayed The 90th day after the reco	effective date, but not an effectiv rd is filed.	e time, at 12:01 a.m. on the e	earlier o
October 23	2017		
)		
<u></u>	ignature of a member or authorized representa-	tive of a member	-

Page 3 of 3

Filing Fee: \$25.00