

L17000029232

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(Business Entity Name)

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22 SEP 13 PM 4:35
DIVISION OF CORPORATION

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kerestes Law Firm 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:

| | |
|--|-------------------------|
| Steve Kerestes | |
| | Name of Person |
| Kerestes Law Firm PLLC | |
| | Firm/Company |
| PO Box 2193 | |
| | Address |
| Orlando, FL 32802 | |
| | City/State and Zip Code |
| steve@keresteslawfirm.com | |
| E-mail address: (to be used for future annual report notification) | |

For further information concerning this matter, please call:

| | | |
|----------------|------------------|--------------------------|
| Steve Kerestes | 352 | 284-3968 |
| _____ | at (_____) _____ | |
| Name of Person | Area Code | 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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

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

Kerestes Law Firm 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 02/09/2017 and assigned
Florida document number L17000029232.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1601 E. Amelia Street

Orlando, FL 32803

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 2193

Orlando, FL 32802

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:

G. Steve Kerestes

New Registered Office Address:

1601 E. Amelia Street

Enter Florida street address

Orlando

City

Florida 32803

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|-------------------|--|
| MGR | Alison Kerestes | PO Box 2193 | <input type="checkbox"/> Add |
| | | Orlando, FL 32802 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | G. Steve Kerestes | PO Box 2193 | <input checked="" type="checkbox"/> Add |
| | | Orlando, FL 32802 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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DIVISION OF CORPORATION
STATE OF FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated September 8, 2022

 Kms

Signature of a member or authorized representative of a member

Alison Kerestes

Typed or printed name of signee

Filing Fee: \$25.00