

L17000115690

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DIVISION OF COURT REPORTERS

O GIMMONS  
AUG 10 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Truck Accident Law Firm, LLC

\_\_\_\_\_  
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:

Joseph V. Camerlengo, Jr.

\_\_\_\_\_  
Name of Person

Camerlengo & Anderson, P.L.

\_\_\_\_\_  
Firm/Company

1200 Riverplace Blvd., Suite 201

\_\_\_\_\_  
Address

Jacksonville, Florida 32207

\_\_\_\_\_  
City/State and Zip Code

joe@truck-crash.law

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

For further information concerning this matter, please call:

Joseph V. Camerlengo

904

306-9220

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  
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**

Truck Accident Law Firm, LLC

(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 May 25, 2017 and signed  
Florida document number L17000115690

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DIVISION OF CORPORATE FILINGS

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 "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

1200 Riverplace Blvd, Suite 201

**(Principal office address MUST BE A STREET ADDRESS)**

Jacksonville, Florida 32207

**Enter new mailing address, if applicable:**

1200 Riverplace Blvd., Suite 201

**(Mailing address MAY BE A POST OFFICE BOX)**

Jacksonville, Florida 32207

**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:

Joseph V. Camerlengo, Jr.

New Registered Office Address:

1200 Riverplace Blvd., Suite 201

*Enter Florida street address*

Jacksonville

*City*

, Florida 32207

*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>
AMBR	Camerlengo & Anderson, P.L.	1200 Riverplace Blvd., Suite 201	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32207	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Fried Rogers Goldberg, LLC	3550 Lenox Rd. NE #1500	<input checked="" type="checkbox"/> Add
		Atlanta, Georgia 30326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Leizerman & Associates	3450 Central Ave, #328	<input checked="" type="checkbox"/> Add
		Toledo, OH 43606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Stefano D. Portigliatti	12753 Shinnecock Ct.	<input type="checkbox"/> Add
		Jacksonville, FL 32225	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DIVISION OF CORPORATIONS  
JUL 11 2009  
ALBANY, NY

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

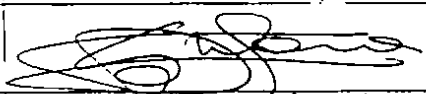
Blank lines for amending information.

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DIVISION OF CORRECTIONS

E. Effective date, if other than the date of filing: August 1, 2017 (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 August 4, 2017

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Stefano D. Portigliatti  
\_\_\_\_\_  
Typed or printed name of signer