

L17000/44739

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

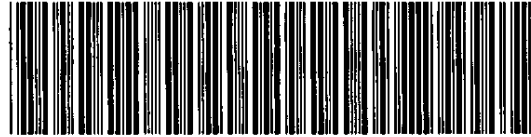
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS

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SEP 01 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G. Gamez Law, 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:

Graciela Gamez

Name of Person

G. Gamez Law, LLC

Firm/Company

P.O. Box 3082

Address

Fort Pierce, FL 34948

City/State and Zip Code

grace@ggamezlaw.com

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

For further information concerning this matter, please call:

Graciela Gamez

at (772) 5194543

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

RECEIVED
2017 AUG 28 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2017 AUG 28 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

G. Gamez Law, 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 07/06/2017 and assigned
Florida document number L17000144739.

This amendment is submitted to amend the following:

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

G. Gamez Law, PLLC

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:

(Principal office address MUST BE A STREET ADDRESS)

498 Maple Avenue

Fort Pierce, FL 34982

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 3082

Fort Pierce, FL 34948

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17 AUG 28 AM 11:20
DIVISION OF CORPORATIONS

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

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>
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DIVISION of COURT
COURT HOUSE
ALBANY

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

Amending the name from G. Gamez Law, LLC to G. Gamez Law, PLLC because it is a law firm and I am licensed
by the Florida Bar to practice law and provide professional legal services.

I am also updating the principal office address and mailing address as follows:

Principal Office Address: 498 Maple Avenue, Fort Pierce, FL 34982

Mailing Address: P.O. Box 3082, Fort Pierce, FL 34948

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DIVISION OF REVENUE

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 24th of August, 2017.

Graciela Gamez
Signature of a member or authorized representative of a member

Graciela Gamez
Typed or printed name of signee