

L17000172331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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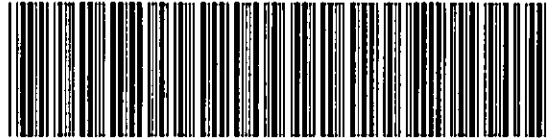
(Business Entity Name)

(Document Number)

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FILED
2022 APR -5 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

APR 19 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gerald T. Albrecht 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:

Gerald Albrecht
Name of Person

Gerald T. Albrecht PLLC
Firm/Company

17241 Breeders Cup Dr.
Address

Odessa, FL 33556
City/State and Zip Code

LALBRECHT@ALBRECHTMEDIATION.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Albrecht at (813) 506-3173
Name of Person Area Code Daytime Telephone Number

Tax ID: 82-2766371

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

Gerald T. Albrecht PLLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

2022 APR -5 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on _____

Florida document number _____

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: _____

(Principal office address MUST BE A STREET ADDRESS)

17241 Breeders Cnp Dr.

Odessa, FL 33556

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 273192

Tampa, FL 33688

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00