

L17000180451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

SEP 26 2017

Sabrina Malek-Ghetti
Sabrina Malek-Ghetti Law Firm, PLLC
1433 medina avenue
Coral Gables, FL 33134

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Miami, September 19, 2017

Subject: Amendment/change of existing business.

Dear madam, dear sir:

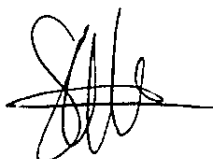
Please find enclosed the Articles of Amendment to Articles of Organization regarding my company Sabrina Malek-Ghetti Law Firm, PLLC, Florida document number L17000180451, and a check of 25 dollars for the modification fee.

Please note, as specified in the said form, that I am just asking for a change of my title as Authorized Person in the company. **I had mistakenly opted for "MGR" when I created this LLC, and I need it to be changed for "AMBR".**

Thank you,

Very cordially,

Sabrina Malek-Ghetti

A handwritten signature in black ink, appearing to be 'SMG' with a horizontal line extending from the end.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SABRINA MALEK-GHETTI 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:

SABRINA MALEK-GHETTI
Name of Person

SABRINA MALEK-GHETTI LAW FIRM, PLLC
Firm/Company

1433 MEDINA AVENUE
Address

CORAL GABLES FL. 33134
City/State and Zip Code

sabrina.malekg@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SABRINA MALEK-GHETTI at (305) 588 3451
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**

SABRINA MALEK-GHETTI 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 08/23/2017 and assigned Florida document number L17000180451

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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

City

Florida

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TALLAHASSEE, FLORIDA

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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MGR	SABRINA MALEK-GHETTI	1433 NEDINA AVENUE, FL 33134	<input type="checkbox"/> Add
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			<input checked="" type="checkbox"/> Remove
--	--	--	--

			<input type="checkbox"/> Change
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AMBR	SABRINA MALEK-GHETTI	1433 NEDINA AVENUE, FL 33134	<input checked="" type="checkbox"/> Add
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CORAL GABLES.

			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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 TALLAHASSEE, FLORIDA

[illegible]

(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]

SABRINA MALEK - GHETT

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TALLAHASSEE, FLORIDA