## L17000111150

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

Call x colong to



800316142688

09/30/18--01021--016 \*\*25.00

CEURE FOR LOT LORION

Chille

## COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	Sandra Mejicano, PLCC				
2,0,000		Name of Lim	ited Liability Company		
The enclosed	l Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Sandra Mejicano			
Name of Person					
		Sandra Mejicano, PLLC			
			Firm/Company		
		533 Walker Road			
			Address		
		Safety Harbor, FL 34695			
			City/State and Zip Code		
		sandra.m.mejicano@gmail.			
		E-mail address: (	to be used for future annual report notifi	cation)	
For further in	iformation co	ncerning this matter, please ca	all:		
Sandra Meji			at (727 ) 314-2275 Area Code Daytime		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for the	e following amount:			
<b>章 \$25.00</b> F	iling Fee	S30.00 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:

TO:

Registration Section

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

Sandra Mejicano, PLCC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records d Liability Company)	,)
	y were filed on09/14/2017	and assigned
Florida document number L17000191850		
rticles of Organization for this Limited Liability Company were filed on		
a. If amending name, enter the new name of the limited lia	(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  ion for this Limited Liability Company were filed on	
Sandra M. Mejicano Perez, PLCC		
he new name must be distinguishable and contain the words "Limited Liah	bility 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)		
inter new mailing address, if applicable:		# 6
Mailing address MAY BE A POST OFFICE BOX)		SS 30
		$\mathcal{O}_{\mathcal{C}_{i}}^{(i)}$
		enter the name of the ne
skered agent and or the new registered office address ne	101	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	
	City <sup>,</sup>	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

FILED

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 = 1	AMBR = Authorized Member							
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action					
	<u></u>							
			☐ Remove					
			Change					
			_					
			☐ Remove					
			☐ Change					
			Add					
		<del></del>	Remove					
			□ Change					
			TAL JUL 30 AT					
			□ Change →					
<u>-</u>			UChange					
			_ ☐ Remove					
			☐ Change					
			□ Remove					
			Change					

			-
			-
			•
_			•
		<del></del> ,	-
			-
			-
			-
			_
<del></del>			
<del></del>		— <sub>Z</sub> .	2018
_		—————————————————————————————————————	=======================================
_			JUL 3û
		<del></del>	
_		1 :	င္သာ
	· · · · · · · · · · · · · · · · · · ·	- 8 <sup>5</sup> 1	2
an effec <u>lote:</u> H	e date, if other than the date of filing:	.) Pursuant to 605	C 5.02(
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. Oth day after the record is filed.	on the earli	ero
ated	August 6th 2018		

Page 3 of 3

Filing Fee: \$25.00