

L17000228039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

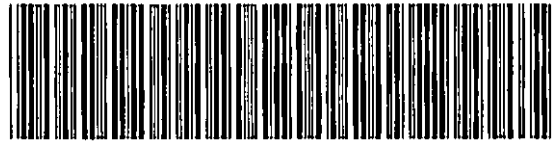
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

25th MAY 21 AM 4:30

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MAY 23 2018
J. HARRIS

18-000000-21M

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GONZALEZDOC LAW, L.L.C.

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:

Alina M. Gonzalez-Dockery

Name of Person

Life Law Planning, P.L.L.C.

Firm/Company

5237 Summerlin Commons Blvd., Ste. 109

Address

Fort Myers, FL 33907

City/State and Zip Code

Alina@LifeLawPlanning.com

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

For further information concerning this matter, please call:

Alina M. Gonzalez-Dockery 239 789-2533

Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2018

ALINA M GONZALEZ-DOCKERY
5237 SUMMERLIN COMMONS BLVD, STE 109
FORT MYERS, FL 33907

SUBJECT: GONZALEZDOC LAW, L.L.C.
Ref. Number: L17000228039

We have received your document for GONZALEZDOC LAW, L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 118A00009598

RECEIVED

2018 MAY 21 AM 10:55

DEPARTMENT OF
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2018 MAY 21 AM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

GONZALEZDOC LAW, L.L.C.

(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 November 3, 2017 and assigned
Florida document number L17000228039.

This amendment is submitted to amend the following:

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

LIFE LAW PLANNING, P.L.L.C.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5237 SUMMERLIN COMMONS BLVD.

STE. 109

FORT MYERS, FL 33907

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5237 SUMMERLIN COMMONS BLVD.

STE. 109

FORT MYERS, FL 33907

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

25 MAY 1 4:50 PM
ITALY
ASSISTANT
STATE
DEPT

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

Life Law Planning, PLLC provides legal services and representation ~~of its~~ ^{on behalf of} our clients in the areas of Estate Planning, Family law and Probate and Estate Administration. Becoming our clients' trusted advisors, providing steadfast counsel through life's most significant transitions.

As owner and sole proprietor, Alina Gonzalez-Dockey is an attorney licensed to practice in Florida since 1996.

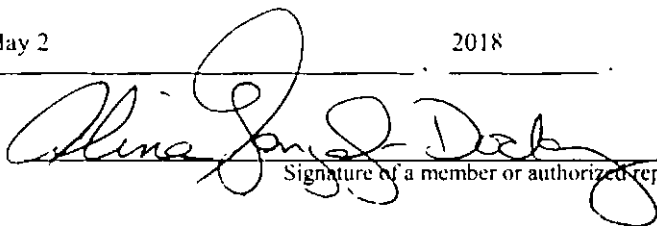
E. Effective date, if other than the date of filing: _____ (optional)

(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 May 2, 2018



Signature of a member or authorized representative of a member

Alina M. Gonzalez-Dockey

Typed or printed name of signee

FILED
2018 MAY 21 AM 4:50
CLERK OF THE
DEPARTMENT OF
STATE
TALLAHASSEE FLORIDA