

L18 000000 6239

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

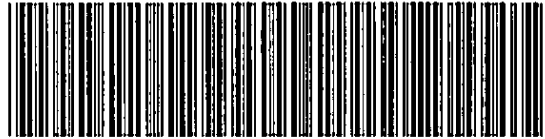
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RECEIVED  
JUL 21 2020

CLERK OF SUPERIOR COURT  
DIVISION OF CORPORATIONS  
& LIMITED LIABILITY COMPANIES  
JUL 21 2020

2020 SEP 14 PM 4:50

FILED

SEP 14 2020  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 SEP 15 PM 2:16

September 2, 2020

GRETCHEN ORTIZ  
LAW OFFICE OF GRETCHEN M ORTIZ  
509 S CHICKASAW TRAIL 263  
ORLANDO, FL 32825

SUBJECT: LAW OFFICE OF GRETCHEN M. ORTIZ, PLLC  
Ref. Number: L18000006239

We have received your document for LAW OFFICE OF GRETCHEN M. ORTIZ, PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative. ✓

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) 245-6050.

Shelia S Young  
Regulatory Specialist II

Letter Number: 720A00016894

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LAW OFFICE OF GRETCHEN M. ORTIZ, 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:

Gretchen Ortiz

Name of Person

Law Office of Gretchen M Ortiz

Firm/Company

509 S Chickasaw Trail 263

Address

Orlando, FL 32825

City/State and Zip Code

gortiz@gretchenortizlaw.com

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

For further information concerning this matter, please call:

Gretchen Ortiz

407 627-1797

at ( )

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 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**

LAW OFFICE OF GRETCHEN M. ORTIZ, 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 01/08/2018

Florida document number L18000006239

This amendment is submitted to amend the following:

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

Law Offices of Gretchen Ortiz, 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)

**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*

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

**FILED**  
2020 SEP 14 PM 4:50  
CLERK OF CIRCUIT COURT  
JUDICIAL CIRCUIT IN AND FOR  
FLORIDA  
TALLAHASSEE

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

[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)

Typed or printed name of signee