K18000097367

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2022 HAR 21 AM 6: 29

SECRETARY OF STATE
TALL/ABASSEE, FL

A. BUTLER APR 0 5 2022

COVER LETTER

Tallahassee, FL 32314

TO: Registration Solution of Co			
Moreno La	iw Group, PLLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gino Moreno		
		Name of Person	•
	Moreno Law Group, PLLC	e C	
		Firm/Company	· • • • • • • • • • • • • • • • • • • •
	7470 SW 30th Terrace		
		Address	
	Miami, FL 33155		
	ginom1121@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	itication)
For further information of	concerning this matter, please c	all:	
Gino Moreno		786 486-9996	
Name (of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Addres		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ILED

Moreno Law Group, PLLC

2022 MAR 21 AM 6: 29

(Name of the Limited Liability Company as it now appears of our records.) F STATE TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on April 18, 2018 and assigned Florida document number ______L18000097367 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Moreno Law, PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			🗆 Add
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Effective date, if other than the offective date is listed, the date municipal in this beginner is effective date on the Education of the Education in the Educ	ist be specific and cannot be prior to lock does not meet the applicab	date of filing or more than 90 days a	ptional) ther filing.) Pursuant to 605.0207 this date will not be listed as
	ve date, but not an effective tim	e, at 12:01 a.m. on the earlier of	(b) The 90th day after the
	e saic, out not an encerve till		
rd is filed.	2022		
rd is filed.		··	
e record specifies a delayed effective rd is filed. Dated March 16		zed representative of a member	

Filing Fee: \$25.00