

L18000116523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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STATE OF MICHIGAN
TALLAHASSEE FILE

FILED

JAN 17 2020
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JACQUELINE LUBERTO, 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:

JACQUELINE LUBERTO
Name of Person

JACQUELINE LUBERTO, LLC
Firm/Company

34990 EMERALD COAST PLANY SUITE 303
Address

DESTIN FL 32541
City/State and Zip Code

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

For further information concerning this matter, please call:

JACQUI LUBERTO at (850) 830-5955
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

JACQUELINE LUBERTO, 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 5/9/2018 and assigned Florida document number L18000116523.

This amendment is submitted to amend the following:

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

JACQUELINE LUBERTO, LLC

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:

34990 EMERALD COAST PKWY

(Principal office address MUST BE A STREET ADDRESS)

SUITE 303

DESTIN, FL 32541

Enter new mailing address, if applicable:

34990 EMERALD COAST PKWY

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 303

DESTIN, FL 32541

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

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2020 JAN 17 AH 10:17
SECRETARY OF STATE
TALLAHASSEE, FL

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>
MGM	Jacqueline Lubetto	24 Bayview Cove	<input type="checkbox"/> Add
		Niceville, FL 32578	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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