LBCC122742

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SECRETARY OF STATE
AND SECRETARY OF STATE

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COVER LETTER

•	ion Section of Corporations		
SUBJECT: CE	onsumer Advocacy La Name of Limite	W Firm, PLLC d Liability Company	
	les of Amendment and fee(s) are submi		·
Please return all co	rrespondence concerning this matter to	the following:	
	Laurer	Rodevick Brusco	<u>a</u>
	Consumer Adi	VOCACY LOW Firm,	PLLC
	P.O. B.O.K	7,80632 Address	
	<u>Orlando,</u>	FL 32878 City/State and Zip Code	
		@gmail.com	
	E-mail address: (to	be used for future annual report notifica	ation)
For further informa	ation concerning this matter, please call	l:	
Lauren	RODENCK BRUSCA Name of Person	at (<u>407</u>) <u>501</u> Area Code Daytime T	6564 elephone Number
Enclosed is a chec	k 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)

MAHLING 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	Law Firm, PLLa Company as it now appears on our re mited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L 18000122742</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	,
Brusca Law, PLLC The new name must be distinguishable and contain the words "Limited		. .
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:		TEE TO THE
(Principal office address MUST BE A STREET ADDRES	<u> </u>	2 5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SEE FLORING
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our rec	cords, enter the name of the new
		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	uddress
		, 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			C Remove
			Change
			Add
			□ Remove
			SECRETIAN ROTTOVE
			SECRET: RY OF STATE DRIDA
			□ Remove
			☐ Change
***************************************			□ Add
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(Ifan ef <u>Note:</u>	tive date, if other fective date is listed, If the date inserte ment's effective da	the date must bed in this block	e specific and k does not m	cannot be prio eet the appli	r to date of filing able statutory			ling.) Pursuant to	
	cord specifies a 90th day afte			ate, but no	ot an effecti	ive time, a	t 12:01 a.	m. on the ea	rlier of:
Dated	<u>June</u>	18	٠	2016	<u>3</u> .				
		J	<u> </u>	60	<u>(L</u>		- , -		
		Si	gnature of a m	ember or auth	orized represent	tative of a men	nber		
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Filing Fee: \$25.00