# L18000197756

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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## **COVER LETTER**

TO: Registration So Division of Co					
	ICES OF DANIEL A PEREZ	2			
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Płease return all correspo	ondence concerning this matter	to the following:			
	RONALD KARRAN				
		Name of Person		201	
	<del> </del>	Firm/Company	<del></del>	2019 HAY 23	
	1443 N PINE HILLS RD			23	
	ORLANDO.FLORIDA,3280	Address D8		PH 4: 02	
	handinhand@cfl.rr.com	City/State and Zip Code			
		to be used for future annual report	notification)		
For turther information c Ronald karran	concerning this matter, please c		0		
	f Person	407 295188i at () Area Code Da	ytime Telephone Number		
Name	TUSOR	Mea Code Da	ytime Telephone Number		
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)	
Registr	ING ADDRESS: ration Section on of Corporations	STREET/COI Registration Se Division of Co			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAW OFFICES OF DANIEL A PERE	•		
( <u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on orida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liabili Florida document number L18000197756	ty Company were filed on	2018	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
PEREZ LAW. P.A "LLC"			
The new name must be distinguishable and contain the words:	Limited Liability Company," the design	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable:  ( <u>Mailing address MAY BE A POST OFFICE BOX</u> )  B. If amending the registered agent and/or re	egistered office address on our	r records, <u>enter t</u>	2019 HAY 23 PH Lename of the ne
registered agent and/or the new registered office a	address here:		212
Name of New Registered Agent:			
New Registered Office Address:	.,,.		
	Enter Florida st	reet address	
_		Florida	. <u> </u>
	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 adde or removed from our records:					
MGR = N	MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
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(optional) 90 days after filing.) Pursuant to 605,0207 (3)(cements, this date will not be listed as the
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Page 3 of 3

Filing Fee: \$25.00

#### **COVER LETTER**

TO:	Registration So Division of Cor					
SUBJECT	LAW OFF	ICES OF DANIEL A PEREZ	2			
SOBOLO		Name of Lin	nited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		RONALD KARRAN				
			Name of Person		-	
		1443 N PINE HILLS RD	Firm/Company		2019 MAY	
		ORLANDO.FLORIDA.3280	Address 08	***	23	AHO FILED
		handinhand@cfl.rr.com	City/State and Zip Code	<u></u>	PM 4: 02	T.
		E-mail address: (	to be used for future annual report notifi	cation)	2	
For furth	er information c	oncerning this matter, please c	all:			
Ronald I	karran		407 2951888 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed	is a check for th	ne following amount:				
□ <b>\$</b> 25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
	MAILI	ING ADDRESS:	STREET/COURIE	CR 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