

Florida Department of State
 Division of Corporations
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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : USA CORPORATE SERVICES GROUP
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FLORIDA CLAIMS LAW FIRM PLLC

Certificate of Status	0
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2022 OCT 27 PM 8:31

2022 OCT 27 PM 4:03
 FLORIDA DEPARTMENT OF STATE
 FALL EGRESSIVE GROUP

APPROVED
 AND
 FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA CLAIMS LAW FIRM 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:

Laura Verdaguer

Name of Person

FLORIDA CLAIMS LAW FIRM PLLC

Firm/Company

7392 NW 35 Terrace

Address

Miami, FL 33122

City/State and Zip Code

info@verdaguelaw.com

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

For further information concerning this matter, please call:

Laura Verdaguer

954 303 2957

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

FLORIDA CLAIMS LAW FIRM 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 10/01/2018 and assigned Florida document number 83-2313316.

This amendment is submitted to amend the following:

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

Verdaguer Law, 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:

14160 Palmetto Frontage Road

(Principal office address MUST BE A STREET ADDRESS)

Miami Lakes, FL 33016

Enter new mailing address, if applicable:

14160 Palmetto Frontage Road

(Mailing address MAY BE A POST OFFICE BOX)

Miami Lakes, FL 33016

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:

Laura Verdaguer

New Registered Office Address:

14160 Palmetto Frontage Road

Enter Florida street address

Miami Lakes

Florida

33016

City

Zip Code

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Laura Verdaguier	14160 Palmetto Frontage Road	<input type="checkbox"/> Add
			<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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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

*(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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated 10/17/2022



Signature of a member or authorized representative of a member

Laura Verdaguier

Typed or printed name of signee