

L19000020054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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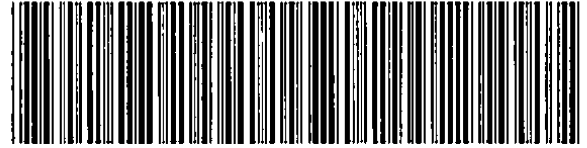
(Business Entity Name)

(Document Number)

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2019 JUL -5 P 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 17 2019

7:11 PM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alex Makofka Law, 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:

Alexander Makofka

Name of Person

Alex Makofka Law, PLLC

Firm/Company

735 Redfin Drive

Address

Atlantic Beach, FL 32233

City/State and Zip Code

alex@alexmakofkalaw.com

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

For further information concerning this matter, please call:

Alex Makofka

904

655-7895

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

Alex Makofka Law, PLLC

2019 JUL -5 P 2:56

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/17/2019 and assigned
Florida document number L19000020054.

This amendment is submitted to amend the following:

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

Makofka Legal Group, 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:

6622 Southpoint Drive South

(Principal office address MUST BE A STREET ADDRESS)

Suite 355

Jacksonville, FL 32216

Enter new mailing address, if applicable:

6622 Southpoint Drive South

(Mailing address MAY BE A POST OFFICE BOX)

Suite 355

Jacksonville, FL 32216

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:

6622 Southpoint Drive South, Suite 355

Enter Florida street address

Jacksonville

City

Florida 32216

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lester Makofka	6622 Southpoint Drive	<input checked="" type="checkbox"/> Add
		Suite 355	<input type="checkbox"/> Remove
		Jacksonville, FL 32216	<input type="checkbox"/> Change
MGR	Alexander Makofka	6622 Southpoint Drive	<input type="checkbox"/> Add
		Suite 355	<input type="checkbox"/> Remove
		Jacksonville, FL 32216	<input checked="" 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.)*

Add EIN: 83-3137905

[illegible]

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 July 2, 2019

Ans. McKee

Alexander Makofka

Typed or printed name of signee