L19000079762

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	DE LIGUO	RI & ASSOCIATES, LLC			
. \		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Daniel C De Liguori			
Name of Person					
			Firm/Company		
		420 E Church Street, Unit			
		Orlando, Florida 32801	Address		
			City/State and Zip Code	<u></u>	
		DDelig29@gmail.com			
		E-mail address: (to be used for future annual repo-	t notification)	
For further in	nformation c	oncerning this matter, please ca	all:		
Daniel De Liguori Name of Person			516 870-22 at ()		_
			Area Code D	aytime Telephone Number	
Enclosed is a	a check for th	ne following amount:			
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &
Re Div P.C	iling Addres gistration S vision of C D. Box 632 Hahassec, I	Section orporations 7	The Centre 2415 N. Me		

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

DE LIGUORI & ASSOCIATES, LLC

(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 Florida document number $\frac{L19000079762}{L19000079762}$.	were filed on 03/21/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
DE LIGUORI LAW, LLC.,	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	105 F. Robinson St., Ste 550 Orkab, A 32801
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	105 E. Robinson St., Ste 550 Orrab, Fl 32601
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	1022 F:OV -7
New Registered Office Address:	Enter Florida street address Florida
New Registered Agent's Signature, if changing Registered Agent:	City **Zip Code

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adder emoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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ffective date, if other that an effective date is listed, the date. If the date inserted in tocument's effective date on	te must be specific a his block does not	nd cannot be prior t meet the applic	able statutory fili	nore than 90 days aft	tional) er filing.) Pursuant to 60 nis date will not be lis)5.020 sted a
record specifies a detayed et is filed.	fective date, but no	ot an effective t	ime, at 12:01 a.m.	on the earlier of: ((b) The 90th day aft	er the
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Management 2		404Z				
ated November 2		-· ————		-		
November 2 ated			7.			
ated November 2	Signature of	a member or auth	orized representativ	e of a member	 	