

L19000105873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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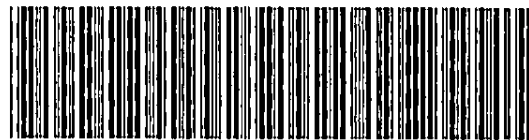
(Business Entity Name)

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2021 JAN 19 PM 6:32

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INDEGLIA & ASSOCIATES, ATTORNEYS AT LAW, P.L.L.C.

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:

Vincent A. Indeglia, Esq.

Name of Person

INDEGLIA & ASSOCIATES, ATTORNEYS AT LAW, P.L.L.C.

Firm/Company

5200 Tamiami Trail North, Suite 101

Address

Naples, Florida, 34103

City/State and Zip Code

vincent@indeglialaw.com

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

For further information concerning this matter, please call:

Vincent A. Indeglia, Esq.

401

8869240

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**

INDEGLIA & ASSOCIATES ATTORNEYS AT LAW, P.L.L.C.

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

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The Articles of Organization for this Limited Liability Company were filed on 04/17/2019 and assigned
Florida document number L19000105873.

This amendment is submitted to amend the following:

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

Indeglia Lutrario, Attorneys at Law, P.L.L.C.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

City

Florida

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand 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

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 | Vincent A. Indeglia | 5200 Tamiami Trail North | <input type="checkbox"/> Add |
| | | Suite 101 | <input checked="" type="checkbox"/> Remove |
| | | Naples, FL 34103 | <input type="checkbox"/> Change |
| MGR | Vincent A. Indeglia | 5200 Tamiami Trail North | <input checked="" type="checkbox"/> Add |
| | | Suite 101 | <input type="checkbox"/> Remove |
| | | Naples, FL 34103 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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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.

January 14, 2021

January 14, 2021

 MGR

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00