

L19000151169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

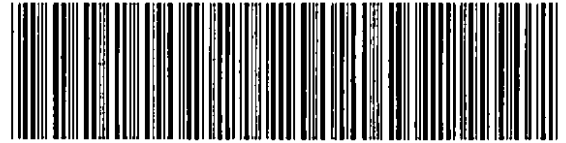
(Business Entity Name)

(Document Number)

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2/2/24

2024 JAN 16 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

O: Registration Section  
Division of Corporations

COPYCAT LEGAL PLLC  
SUBJECT: \_\_\_\_\_

Name of Limited Liability Company

he enclosed Articles of Amendment and fee(s) are submitted for filing.

lease return all correspondence concerning this matter to the following:

Daniel DeSouza, Esq.

Name of Person

Copycat Legal PLLC

Firm/Company

3111 North University Drive, Suite 301

Address

Coral Springs, Florida 33065

City/State and Zip Code

dan@copycatlegal.com

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

or further information concerning this matter, please call:

Daniel DeSouza, Esq.

877

437-6228

at ( )

Name of Person

Area Code

Daytime Telephone Number

nclosed 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

2024 JAN 16 AM 10:23  
STATE OF FLORIDA  
TALLAHASSEE  
FILED

TO  
ARTICLES OF ORGANIZATION  
OF

COPYCAT LEGAL 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 06/07/2019 and assigned  
Florida document number L19000151169.

This amendment is submitted to amend the following:

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

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:**

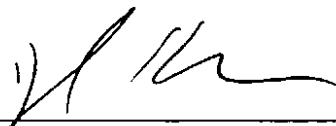
**(Mailing address MAY BE A POST OFFICE BOX)**

**. 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:**

|                                       |   |
|---------------------------------------|---|
| <u>Name of New Registered Agent:</u>  | <u>Daniel DeSouza, Esq.</u>   |
| <u>New Registered Office Address:</u> | <u>3111 N. UNIVERSITY DRIVE, SUITE 301</u><br><i>Enter Florida street address</i> |
|                                       | <u>CORAL SPRINGS</u> , <u>Florida</u> <u>33065</u><br><i>City Zip Code</i>        |

**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

~~Removed from our records.~~

IGR = Manager  
MBR = Authorized Member

| <u>itle</u> | <u>Name</u>             | <u>Address</u>                 | <u>Type of Action</u>                      |
|-------------|-------------------------|--------------------------------|--|
| 4GRM        | DLOUGHY, JAMES, ESQUIRE | 3910 RCA Boulevard, Suite 1015 | <input type="checkbox"/> Add               |
|             |                         | PALM BEACH GARDENS, FL 33410   | <input checked="" type="checkbox"/> Remove |
|             |                         |                                | <input type="checkbox"/> Change            |
|             |                         |                                | <input type="checkbox"/> Add               |
|             |                         |                                | <input type="checkbox"/> Remove            |
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|             |                         |                                | <input type="checkbox"/> Change            |

FILED  
2024 JAN 16 AM 10:23  
CLERK OF STATE  
TALLAHASSEE FL

2024 JUL  
EST.  
TAL

FILED  
2024 JUN 16 AM 9:23  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FL  
(g.) Pursuant to 605.0207(3)(c) the will not be listed as the

Dated January 5, 2024

Signature of a member

Daniel DeSouza, Esq.

Typed or printed name of signee