Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Electronic Filing Menu Corporate Filing Menu

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pg 2 of 5

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October 26, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MENA LAW FIRM, PLLC 21723 SW 99TH PL. CUTLER BAY, FL 33190

SUBJECT: MENA LAW FIRM, PLLC

REF: L19000204475

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific business purpose of the professional association must be stated in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring Regulatory Specialist III FAX Aud. #: H21000396550 Letter Number: 321A00026075

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

Mena 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 and : Florida document number L19000204475	assigne	:d
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:	2021	<u> </u>
Ada Mena Law, PLLC	90	Sion
A. If amending name, enter the new name of the limited liability company here: Ada Mena Law, PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation	- 17.0.	
Enter new principal offices address, if applicable:	-	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	.	<u> 공연</u>
	7	- 1
Enter new mailing address, if applicable:		····
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here:	<u>16W Fe</u> ;	gistered
Name of New Registered Agent:		
New Registered Office Address: Enter Florida street address		
City Zip Co	de	
New Registered Agent's Signature, if changing Registered Agent:		
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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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□ Add
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fective date, if other than the c	ate of filing:				(optional)	
an effective date is listed, the date must ote: If the date inserted in this blo	e specific and cannot	be prior to u	late of filing or	more than 90 d	iys after filing.) P	ursuant to 605.020
ote: If the date inserted in this bio ocument's effective date on the Dep			: Statutory Hi	ing requireme	nts, this date wi	II HOLDE HALES
ecord specifies a delayed effective	date, but not an effe	ective time	at 12:01 a.n	1. on the earlie	r of: (b) The	90th day after the
is filed.						
October 25th	202	:1				
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D	ignature of a member					

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