

L20 000097674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

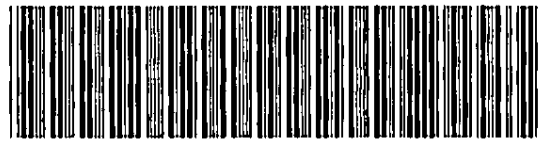
(Business Entity Name)

(Document Number)

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FILED
2020 JUN -5 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AM
6/25/20

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: SOUTHERN LEGAL TECH LLC

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:

FRANCISCO NICANOR BEROLA

Name of Person

AVALON INCORPORATORS LLC

Firm/Company

201 ALHAMBRA CIRCLE SUITE 600

Address

CORAL GABLES, FL 33134

City/State and Zip Code

JVEGA@VIVANCOYVIVANCO.COM

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

For further information concerning this matter, please call:

CHARNEY PALACIOS

786 802-2972
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**

FILED

2020 JUN -5 AM 8:18

SOUTHERN LEGAL TECH LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/06/2020 and assigned Florida document number L20000097674.

This amendment is submitted to amend the following:

A. 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)

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:

Enter Florida street address

_____, Florida _____

City

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	OTALVARES, JUAN JOSE	AV. DEL LIBERTADOR 5926 PISO 5	<input type="checkbox"/> Add
		BUENOS AIRES, AR 1428 AR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FRANCISCO NICANOR BEROLA	201 Alhambra Circle Suite 600, Coral Gables – FL 331	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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