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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: The	Ferriol Law	Firm	
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of Art	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
	Ewyi	Name of Person	
	The	Firm/Company	Frm
	P.O. Box	941522 Address	
	E-mail address: (to	City/State and Zip Code The Friol be used for future annual report no	94 lawfirM.con
For further information con	cerning this matter, please cal		
Sul 1 Name of P	Kt Mol	at (780) 37 Area Code Daytin	7955 me Telephone Number
Enclosed is a check for the	following amount:		
S25.00 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 Se Division of Co P.O. Box 6327 Tallahassee, FI	rporations	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

re Ferriol Law Firm, 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 were filed on 7 128 12020 and assigned Florida document number <u>170000 22 4189</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The ferriol Law Firm, PLLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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.

City

____, Florida ___

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
		1147-17	□Change
			\ \ \ _Add
		·	□Remove
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			Remove
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• •	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
purpos	e - the practice of 10W
to be	added to the articles and the professional entity.
Vektect	the professional entity.
Note: If the date inserted in	n the date of filing:
the record specifies a delayed e cord is filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated March	10 7023
	Signature of a member or authorized representative of a member
	Elun Grand