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TO:

	gistration Se vision of Cor		•	
SUBJECT:		ORTIZ ZULUAGA, PLLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		ESPERANZA BRISCOE		
			Name of Person	
		BRISCOE ZULUAGA, PI	LLC D/B/A BOZ LEGAL	
			Firm/Company	
		66 W. Flagler St Suite 301	-A	
			Address	
		Miami Florida 33130		
			City/State and Zip Code	
		EBRISCOE@BOZLEGAL		
		E-mail address: (to be used for future annual report noti	fication)
For further i	nformation c	oncerning this matter, please c	all:	
ESPY BRIS	SCOE		305 321-8806 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 H	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)
Re	iling Address	Section	Street Address: Registration Sec	
	vision of C D. Box 632	orporations 7	Division of Cor The Centre of T	•
	J. Box 632 Hahassee, F			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 202

2023 AUG -7 AM 7: 09

BRISCOE ORTIZ ZULUAGA, 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 $\frac{02/12/202}{}$	and assigned
Florida document number L21000074924		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	il <u>ity company here</u> :	
BRISCOE ZULUAGA, PLLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	n "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 a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records,	enter the name of the new registered
New Registered Office Address:	Enter Florida stree	Ladhare
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dul provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
	ging Registered Agent, Sign	ature 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>	Address	Type of Action
MGR	Michelle Ortiz	66 W. Flagler St Suite 301-A	□Add
			■Remove
			□ Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

Effective date, if other than the date of filing:	Effective date, if other than the date of filing:	Note: If the date inserted in this document's effective date on the	block does not meet the a	ipplicable statutory fili		
				e prior to date of filing or		
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Filing Fee: \$25.00