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pq 1 of 5

Division of Corporations

Division of Corporations Electionic Filing Cover

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MORELLI FAMILY LAW, PLLC

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## COVER LETTER

		AMILY LAW, PLLC		
SUBJECT:		Name of Limit	ed Liability Company	
TO: Registration Section Division of Corporations  MODELLI FAMILY LAW PLIC				
			-	
Tio: Registration Section Division of Corporations  MORELLI FAMILY LAW, PLLC  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:    JENNIFER MORELLI PURVIS				
			Name of Person	
		MORELLI & ASSOCIATE	ES, PLLC	
			Firm/Company	
		PO BOX 180574		
			Address	
		CASSELBERRY, FL 3271	8-0574	
		-	City/State and Zip Code	
		~	·	Filing Fee, ate of Status & d Copy al copy is enclosed)
		E-mail address: (t	o be used for future annual report notification)	
For further	information co	ncerning this matter, please ca	ali:	
JENNIFER	MORELLI PI	URVIS		
	Name of	Person		
Enclosed is	a check for th	e following amount:		
□ \$25.00	Filing Fee		Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy	
		_		
	•		——————————————————————————————————————	
			The Centre of Tallahassee	
Т	allahassee. I	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

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

MORELLI FAMILY LAW, PLLC			
(Name of the Limited	Liability Compan Florida Limited Li	y as it now appears on our reco ability Company)	rds.)
The Articles of Organization for this Limited Lial Florida document number <u>L21000172772</u>	bility Company v	vere filed on APRIL 13, 202	1 and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liabil	ity company here:	
MORELLI & ASSOCIATES, PLLC			
The new name must be distinguishable and contain the wor	rds "Limited Liabilit	ry Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical		N/A	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>ox</u> )	N/A	
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our records, <u>ent</u>	ter the name of the new register
Name of New Registered Agent:	Corporate C	Creations Network Inc.	AP.
New Registered Office Address:	801 US Hig	hway 1	1 2 Z
	North Palm	Enter Florida street ada Beach	Florida = 33408
		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.

Jenisa Arizarry Jenisa Irizarry, Special Secretary

Whenging Registered Agent

Signature of New Registered Agent

14154847068 → 18506176383

pg 4 of 5

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 = AMBR =	Manager Authorized Member	NA		
<u> </u>	<u>Name</u>		Address	Type of Action
				□Add
				□Remove
				□Add
				П П П П П П П П П П П П П П П П П П П
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				☐ Change
·····				□ Add
				□Remove
			<del></del>	Change
				□Add
				□Remove
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<del></del>	<del></del>			[] Add
				□Remove

N/A		
	<u></u>	
E. Effective date, if other than the date of filling:		
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filing of the point of the service of the filing of the f	•	
Effective date, if other than the date of filing:  (optional)  fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed.  Dated APRIL 22, 2021	•	
Effective date, if other than the date of filing:		
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in effective date is listed, the date mus ote: If the date inserted in this bl	et be specific and cannot be prior to date of filing of more than 90 days after filing.) Fursuant to 60 ock does not meet the applicable statutory filing requirements, this date will not be lis	)5.0207 sted as
	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	ter the
ated APRIL 22,	, 2021	
Jen	Signature of a member or authorized representative of a member	
FNNIEED MODELLI	PURVIS	
JUNIOR WORELES		