

L21000438909

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LS LEGAL, PLLC**

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COVER LETTER

H21000435921

**TO: Registration Section
Division of Corporations**

SUBJECT: LS LEGAL, 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:

BRENDA M. SAAVEDRA

Name of Person

LANDY SAAVEDRA, PLLC

Firm/Company

8950 SW 74 Court, Suite 2201

Address

Miami, FL 33156

City/State and Zip Code

saavedrab@lspcllaw.com

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

For further information concerning this matter, please call:

Brenda M. Saavedra

786 325-8660
at ()
Area Code Daytime Telephone Number

Name of Person

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

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DIVISION OF CORPORATIONS
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H21000435921

LS LEGAL, 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 10/06/2021 and assigned
Florida document number L21000438909

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LANDY SAAVEDRA, PLLC

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:

8950 SW 74TH COURT, SUITE 2201

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33156

Enter new mailing address, if applicable:

8950 SW 74TH COURT, SUITE 2201

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33156

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

City, Florida 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

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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	STEVEN A. LANDY	8950 SW 74TH COURT, SUITE 2201	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33156	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	BRENDA M. SAAVEDRA	8950 SW 74TH COURT, SUITE 2201	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33156	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated NOVEMBER 29 : 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

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