

K21000 482773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS

JAN 11 2022



700377027467

12/06/21--01031--014 \*\*35.00

11 CD  
2022 JAN 11 AM 10:01  
STATE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 JAN 10 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FL

December 28, 2021

APRIL R MARTINDALE  
7771 W OAKLAND PARK BLVD  
SUITE 162  
SUNRISE, FL 33351

SUBJECT: MARTINDALE BILLINGS INJURY LAW, PLLC  
Ref. Number: L21000482773

We have received your document for MARTINDALE BILLINGS INJURY LAW, PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers  
Regulatory Specialist II

Letter Number: 221A00031177

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Martindale Billings & Jurry 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:

April R. Martindale, Esq.  
Name of Person

Martindale Law, PLLC  
Firm/Company

7771 W. Oakland Park Blvd., Suite 162  
Address

Sunrise, FL 33351  
City/State and Zip Code

April@MartindaleLaw.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

April R. Martindale, Esq. at (954) 636-6330  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Martindale Billings Irvine LLP  
(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 11/09/2021 and assigned Florida document number L21000432773.

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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:

N/A

New Registered Office Address:

Enter Florida street address  
Florida  
City

**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

2022 JUN 11 AM 10:04  
FILED  
CLERK OF DISTRICT COURT  
JULIA D. STANLEY  
CLERK

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	Keith A. Billings, Esq.	16252 NW 20 <sup>th</sup> Street	<input type="checkbox"/> Add
		Pembroke Pines, FL 33029	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	April R. Marchadze, Esq.	1771 W. Oakland Pk Blvd	<input type="checkbox"/> Add
		Suite 162	<input checked="" type="checkbox"/> Remove
		Sunrise, FL 33351	<input type="checkbox"/> Change
MGR	Law Offices of Keith A. Billings, P.A.	15757 Pines Blvd	<input checked="" type="checkbox"/> Add
		No. 227	<input type="checkbox"/> Remove
		Pembroke Pines, FL 33029	<input type="checkbox"/> Change
MGR	Marchadze Law, PLLC	1771 W. Oakland Pk Blvd	<input checked="" type="checkbox"/> Add
		Suite 162	<input type="checkbox"/> Remove
		Sunrise, FL 33351	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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 605.0207 (3)(b)

Dated \_\_\_\_\_



\_\_\_\_\_  
Signature of a member or authorized representative of a member.

April R. Alpert, Esq.  
Typed or printed name of signer

**Filing Fee: \$25.00**