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(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

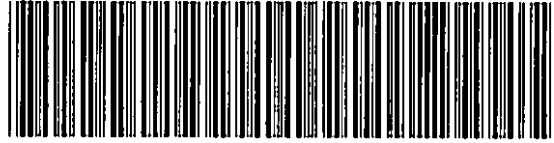
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2024 JAN 30 PM 3:13 \*\$25.00

24 JAN 30 AM 10:07  
ALL INFORMATION CONTAINED  
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DATE 11/11/2014 BY 60322

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**WALK IN**

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**LLC AMEND**

**1. ROSENDE VELEZ & PAUL PLLC**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Rosende Velez & Paul 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:

David L. Paul

\_\_\_\_\_  
Name of Person

Rosende Velez & Paul PLLC

\_\_\_\_\_  
Firm/Company

8200 NW 41st St, Ste 318

\_\_\_\_\_  
Address

Miami, FL 33166

\_\_\_\_\_  
City/State and Zip Code

david@rvplawyers.com

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

For further information concerning this matter, please call:

David Paul

305

908-8690

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

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

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

Rosende Velez & Paul PLLC

\_\_\_\_\_  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

24 JAN 30 AM 10:07  
FILED  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_

07/19/22 \_\_\_\_\_

and assigned Florida document

number :L22000317198

This amendment is submitted to amend the following:

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

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

**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*

\_\_\_\_\_, Florida \_\_\_\_\_

*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.*

\_\_\_\_\_  
**If Changing Registered Agent, Signature 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>                          | <u>Address</u>                              | <u>Type of Action</u>                      |
|--------------|--------------------------------------|---|--|
| AMBR         | DLP Law, PLLC                        | 8200 NW 41st St, Suite 318, Miami, FL 33166 | <input type="checkbox"/> Add               |
|              |                                      |   | <input checked="" type="checkbox"/> Remove |
|              |                                      |   | <input type="checkbox"/> Change            |
| AMBR         | David L. Paul                        | 8200 NW 41st St, Suite 318, Miami, FL 33166 | <input checked="" type="checkbox"/> Add    |
|              |                                      |   | <input type="checkbox"/> Remove            |
|              |                                      |   | <input type="checkbox"/> Change            |
| AMBR         | LAW OFFICES OF SYLVANA ROSENDE       | 8200 NW 41st St, Suite 318, Miami, FL 33166 | <input type="checkbox"/> Add               |
|              |                                      |   | <input checked="" type="checkbox"/> Remove |
|              |                                      |   | <input type="checkbox"/> Change            |
| AMBR         | Sylvana Rosende                      | 8200 NW 41st St, Suite 318, Miami, FL 33166 | <input checked="" type="checkbox"/> Add    |
|              |                                      |   | <input type="checkbox"/> Remove            |
|              |                                      |   | <input type="checkbox"/> Change            |
| AMBR         | THE LAW OFFICE OF ALEJANDRO I. VELEZ | 8200 NW 41st St, Suite 318, Miami, FL 33166 | <input type="checkbox"/> Add               |
|              |                                      |   | <input checked="" type="checkbox"/> Remove |
|              |                                      |   | <input type="checkbox"/> Change            |
| AMBR         | Alejandro I. Velez                   | 8200 NW 41st St, Suite 318, Miami, FL 33166 | <input checked="" type="checkbox"/> Add    |
|              |                                      |   | <input type="checkbox"/> Remove            |
|              |                                      |   | <input type="checkbox"/> Change            |

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

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated January 30, 2024

Ray E. Paul

Signature of a member or authorized representative of a member

David L. Paul

Typed or printed name of signee

**Filing Fee: \$25.00**