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TO:

TO: Registration Se Division of Cor			
SUBJECT: Law Office	es of Steven M. Ipri, LLC		_
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Steven M. Ipri		
		Name of Person	
	Law Offices of Steven M.	Ipri. PLLC	
		Firm/Company	
	16137 Herons View Drive		
		Address	
	Alva, Florida 33920		
		City/State and Zip Code	
	steve.ipri@gmail.com		
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please of	all:	
Steven M. Ipri		at (440) 334-3001	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	ne 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 Addres		<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Law Offices of Steven M. Ipri, LUC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L23000193940	were filed on 04/19/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Law Offices of Steven M. Ipri, PLLC	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	16137 Herons View Drive
Principal office address MUST BE A STREET ADDRESS)	Alva, FL 33920
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BON) 3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	SECRETARY OF STATE OF
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
· ······	, Florida

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Add
			□Remove
		·	□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Change

	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
	to lake in
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(If an effective date is listed, the date Note: If the date inserted in the	the date of filing:
he record specifies a delayed eff ord is filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated June 9	$\frac{2023}{2n}$.
	Signature of a member or authorized representative of a member
Steven M. Ipri	
ene ven ivi. ipri	Typed or printed name of signee

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