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(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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# **COVER LETTER**

#### TO: Registration Section Division of Corporations

Tarnovsky Lopez LLC

SUBJECT: \_

.

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:

Irina Tarnovsky

	Name of Person	
	Tarnovksy Lopez LLC	~ 3
	Firm/Company	
	7000 W. Pałmetto Park Road, Suite 210	
	Address	- 9
	Boca Raton, FL 33433	
	City/State and Zip Code	 
	irina@tarnovskylaw.com	<i>-</i>
	E-mail address: (to be used for future annual report notification)	_
For further information	concerning this matter, please call:	
Adam C. Ziffer, CPA	561 953-1139 at ()	
Name	of Person Area Code Daytime Telephone Nur	nber

Enclosed is a check for the following amount:

🗇 \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status S55.00 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 <u>Street Address:</u> 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

#### (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 06-20-2023	and assigned
Florida document number 1.23000296336	

This amendment is submitted to amend the following:

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

Tarnovsky Lopez PLLC

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

Enter new principal offices address, if applicable:	 
(Principal office address MUST BE A STREET ADDRESS)	 • • • • • • • •
Enter new mailing address, if applicable:	 
	<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)	 <u> </u>

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	Tress
		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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			□Remove
			🗆 Add
			⊃⊡Change
			⊡ Add
			⊡Remove
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			🗆 Add
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		, <u></u> ,,,,,	
			Remove
			🗍 Change

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		(optional)
: If the date inserted in this b	set he specific and cannot be prior to date of filin	ig or more than 90 days after filing.) Pursuant to 6 y filing requirements, this date will not be li
ord specifies a delayed effecti filed.	ve date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day at

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November I Dated	
	Signature of a member of aathorized representative of a member
	Signature of a member of authorized representative of a memoer
Irina Tarnovsky	
	Typed or printed name of signee

Filing Fee: \$25.00