

L24000238202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

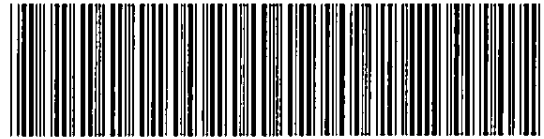
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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7-24-25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Abrego and McCormick 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:

Carlos J. Berrocal

Name of Person

Berrocal Law, P.A.

Firm/Company

106 Carmela Ct.

Address

Jupiter, FL 33478

City/State and Zip Code

cberrocal@berrocallaw.com

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

For further information concerning this matter, please call:

Carlos J. Berrocal

561 899-2000

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

SECRETARY OF STATE
TALLAHASSEE, FL

2025 MAY 29 AM 10:14

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

Abrego and McCormick 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 May 15, 2024 and assigned
Florida document number L24000238202.

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)

5010 Britt Rd.

Mount Dora, FL 32757

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5010 Britt Rd.

Mount Dora, FL 32757

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:

5010 Britt Road

Enter Florida street address

Mount Dora

, Florida 32757

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>
MGR	Susanna Abrego Farias, DVM	5010 Britt Rd	<input type="checkbox"/> Add
		Mount Dora, FL 32757	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Kristine McCormick	5010 Britt Rd	<input type="checkbox"/> Add
		Mount Dora, FL 32757	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

SECRET
STATE
FL

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TALLAHASSEE, FL

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TALLAHASSEE, FL

2025 MAY 23 AM 10:14

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 May 24 2025

Kristine McCormick

Signature of a member or authorized representative of a member

Kristine McCormick

Typed or printed name of signee

Filing Fee: \$25.00