

L06000034689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

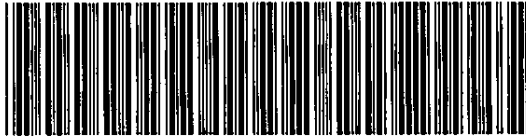
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

*[Handwritten signature]* 4/3

**HARK | YON | MARMOR, PL**  
ATTORNEYS AT LAW

2101 NORTHWEST CORPORATE BOULEVARD, SUITE 220  
BOCA RATON, FLORIDA 33431

E-MAIL: [MATT@HARKLEGAL.COM](mailto:MATT@HARKLEGAL.COM)

CLIFFORD B. HARK  
MATTHEW F. YON  
SETH A. MARMOR

PALM BEACH: (561) 995-1800  
BROWARD: (954) 925-7795  
FACSIMILE: (561) 995-1801

MM

May 17, 2016

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

2016 MAY 23 PM 3:53  
TALLAHASSEE, FLORIDA

**Re: Hark / Yon, PL**  
**Document No. L06000034689**

Dear Division of Corporations Representative:

Enclosed please find the Articles of Amendment submitted for filing in order to change the name of our firm. Please return all correspondence concerning this matter to the following:

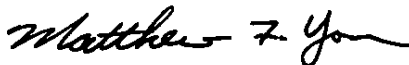
Matthew F. Yon, Esq.  
Hark | Yon | Marmor, PLLC  
2101 N.W. Corporate Blvd., Suite 220  
Boca Raton, Florida 33431  
Phone: (561) 995-1800

We previously submitted Articles of Amendment changing the name of our firm to "Hark | Yon | Marmor, PL". However, the Articles were rejected. Pursuant to my conversation with your office, the Articles were rejected because the new name of the entity must end in "PLLC" not "PL". In light of the foregoing, the enclosed Articles of Amendment are being filed to reflect the proper name of the firm. **We previously submitted our payment in the amount of \$25.00 along with the Articles that were rejected. As previously discussed with your office, I was advised that a new payment was not required for these corrected Articles of Amendment.** Please contact me immediately if this is not the case.

Thank you for your attention and cooperation in this matter.

Sincerely,

**HARK | YON | MARMOR, PL**



Matthew F. Yon, Esquire  
For the Firm

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Hark / Yon, PL  
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:

Clifford B. Hark  
Name of Person

Hark / Yon / Marmor, PL  
Firm/Company

2101 N.W. Corporate Blvd., Suite 220  
Address

Boca Raton, Florida 33431  
City/State and Zip Code

cliff@harklegal.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clifford B. Hark at ( 561 ) 995-1800  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**FILED**  
2006 MAY 23 AM 7:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Hark / Yon, PL

(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 April 3, 2006 and assigned Florida document number L06000034689.

This amendment is submitted to amend the following:

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

Hark / Yon / Marmor, PLLC

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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
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| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Change |
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| _____        | _____       | _____          | <input type="checkbox"/> Remove |
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| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Change |

2018 MAY 23 AM 7:49  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

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

Multiple horizontal lines for amending information.

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 May 17, 2016

Matthew F. Yan

Signature of a member or authorized representative of a member

Matthew F. Yan, Authorized mem

Typed or printed name of signee

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TALLAHASSEE FLORIDA

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