## 111000054467

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)	<del></del>		
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Ві	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			
,				

Office Use Only



700208685047

06/10/11--01033--010 \*\*25.00

TILLARA OF SAIR

D. BRUCE
JUN 2 0 2011
EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 13, 2011

MARK C. JOHNSON, ESQ. DALAL AND JOHNSON, P.L. 404 SE 14 CT FORT LAUDERDALE, FL 33316

SUBJECT: MARK C. JOHNSON, P.L.

Ref. Number: L11000054467

We have received your document for MARK C. JOHNSON, P.L. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 011A00014403

11 JUN 17 PH 1: 06

## **COVER LETTER**

TO: Registration S  Division of Co					
SUBJECT:	Mark C.	. Johnson, P.L.			
	Name of Limi	Name of Limited Liability Company			
	of Amendment and fee(s) are suf	_			
Please return all corres	pondence concerning this matter	to the following:			
		Mark C. Johnson, Esq.			
		Name of Person			
		alal and Johnson, P.L			
		Firm/Company			
404 SE 14 CT					
		Address			
	For	t Lauderdale, FL 333	16		
		City/State and Zip Code		II JUN 17	
	mjoh E-mail address: (	nson@dalaljohnson.c	ort notification)	AHASSI T	
For further information	concerning this matter, please of	eall:	·	က်ကြသေး သူ ကြ	
Ma	ark C. Johnson	at ( 954 )	818-8993	FLORIDE FLORIDE	
Name	of Person	Area Code &	Daytime Telephone Number	<b>X</b>	
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 e.	nclosed) Certified	e of Status &	
MAI	LING ADDRESS:	STREET/C	COURIER ADDRESS:		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N	lark C. Johnson, P.L.				
( <u>Name of the Limited L</u> (A F	iability Company as it now appear Plorida Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Lial	bility Company were filed on	May 5, 2011	and a	ssigne	d
Florida document numberL110000544				•	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liability company he	<u>re</u> :			
ם	alal and Johnson, P.L.				
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "L	LC" or the	abbre	viation
Enter new principal offices address, if applicat	ole:				
(Principal office address MUST BE A STREET	(ADDRESS)				
					—
Enter new mailing address, if applicable:			<u>) کیا</u> در ر ات از ر		
(Mailing address MAY BE A POST OFFICE B	OV)		<u> </u>		
(Mulling duaress MAT BE A POST OFFICE B)	<u> </u>		- <del> </del>		
			13 to 15 to		
B. If amending the registered agent and/or	registered office address on	our records, <u>enter t</u>	he <u>mame</u>		e mew
registered agent and/or the new registered offi	ce address here:		AUC AUDA	űő.	Massa
Name of New Registered Agent:					
New Registered Office Address:			<u> </u>		
	Enter Florida street address				
		, Florida			
	City		Zip Co.	de	

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action Address** <u>Title</u> <u>Name</u> MGRM Abdul-Sumi Dalal, Esq. 404 SE 14TH COURT ✓ Add ET LAUDERDALE, FL 33316 US Remove ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove \_\_\_Add \_\_Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 7 2011 Dated\_ Signature of a premoer or authorized representative of a member Mark C. Johnson, Esq.

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00