

L 11000087481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

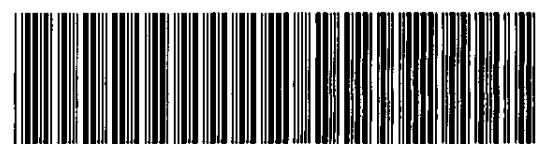
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP 27 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gettler Kagan Barnett McCord & Adjadi 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:

EVAN KAGAN

Name of Person

GETTLER & KAGAN LLLP

Firm/Company

540 NE 4TH STREET

Address

FORT LAUDERDALE, FL 33301

City/State and Zip Code

EVANKAGAN@GMAIL.COM

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

For further information concerning this matter, please call:

EVAN KAGAN

Name of Person

at (954)

383-4004

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
11 SEP 26 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GETTLER KAGAN BARNETT MCCORD & ADJADJ 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 7/29/2011 and assigned
Florida document number L11000087481.

This amendment is submitted to amend the following:

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

GETTLER KAGAN PLLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

540 NE 4TH STREET

(Principal office address MUST BE A STREET ADDRESS)

FT. LAUDERDALE, FL 33301

Enter new mailing address, if applicable:

P.O. BOX 1618

(Mailing address MAY BE A POST OFFICE BOX)

FT. LAUDERDALE, FL 33302

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GETTLER & KAGAN LLLP <i>Managing Partner</i>	540 NE 4TH STREET, 2ND FLOOR FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	EVAN KAGAN <i>EK</i>	540 NE 4TH STREET FT. LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated SEPTEMBER 14, 2011

[Handwritten Signature]

Signature of a member or authorized representative of a member

EVAN KAGAN

Typed or printed name of signee