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PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

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14 SEP 19 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## H. KEITH MIZELL, LLC

328 NORTH OCEAN BOULEVARD, 203

POMPANO BEACH, FLORIDA 33062

Keith@KeithMizell.com

954-234-6224

September 17, 2014

Attention:

Carol Mustain  
Florida Department of State

Dear Carol:

You assisted me by telephone today regarding the corporate filing I was attempting to establish for H Keith Mizell, PA. It is document number W14000056707. Copy of the e-mail I received from you attached.

It was rejected due to another corporation with the same name. I also own that corporation and per my discussion with you, I wish to change that corporation's name to remove the conflict.

The Amendment of Organization is attached for H Keith Mizell, LLC, along with my check for \$25.00.

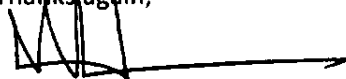
You had said that if I sent directly to your attention, you would help me by filing this corporate amendment.

You offered to let me know by e-mail once this had been done so I may complete the application for H Keith Mizell, PA.

My e-mail address is Keith@KeithMizell.com

Thank you for all your assistance. If you should need any further information, please do not hesitate to call or e-mail me. My direct phone number is 954-234-6224.

Thanks again,



Keith Mizell

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: H Keith Mizell, LLC**  
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:

**Keith Mizell**  
Name of Person  
**H Keith Mizell, LLC**  
Firm/Company  
**328 N Ocean Blvd., 203**  
Address  
**Pompano Beach, FL 33062**  
City/State and Zip Code  
**keith@keithmizell.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Keith Mizell** at **(954) 234-6224**  
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



**If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
	same		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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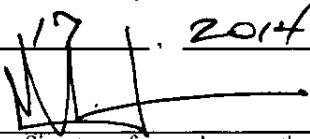
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated SEPT. 17 2014



Signature of a member or authorized representative of a member

H Keith Mizell

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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