## L00000068711

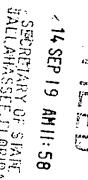
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## H. KEITH MIZELL, LLC

328 NORTH OCEAN BOULE ARD, 203 POMPANO BEACH, FLORIDA 33062 Keith@KeithMizell.com 954-234-6224

September 17, 2014

Attention:

Keith Mizell

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.
Thanksagnin

## **COVER LETTER**

TO: Registration Sectorial Division of Corp.			
SUBJECT: H Keit	th Mizell, LLC		
SUBJECT:		ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	Keith Mizell		
		Name of Person	
	H Keith Mize		
		Firm/Company	
	328 N Ocear	<u> </u>	
		Address	
	Pompano Be		062
	keith@keithmizell.	Com	
		be used for future annual re	port notification)
For further information co	ncerning this matter, please cal	l:	
Keith Mizell		<sub>at</sub> 954, 23	34-6224  Daytime Telephone Number
Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Sed) \$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

H Keith Mizell, LLC				<u>_</u>
(Name of the Limi	ted Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited L Florida document number L00000008711	iability Company	were filed on 7/19/2000	and	d assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name c</u>	of the limited liabi	ility company here:		
H Keith Mizell/Florida, LLC				
The new name must be distinguishable and end with the	words "Limited Liab	ility Company," the designation "LLC" o	r the abbreviation	on "L.L.C."
Enter new principal offices address, if appli	cable:	same		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		same		
Enter new maning address, it applicable: (Mailing address MAY BE A POST OFFICE	POV			
Mulling dauress MAT BE A POST OFFICE	BUX)			
B. If amending the registered agent and registered agent and/or the new registered of			nter the na	me of the n
Name of New Registered Agent:	same		TAS _	A
New Registered Office Address:	same		¥ ¥ €R	
New Registered Office Address.		Enter Florida street address	7.00	Tomoreal and
		, Florid	ARY SSE	i indicate.
		City	$\mathbb{Q} \mathbb{Q} Z_{p}$	ode
New Registered Agent's Signature, if changing	Registered Agent:		1601 ALS 1115	Can't
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as regulations for the change in the company has been notified in writing of this	per and complete istered agent as p registered office	performance of my duties, and I provided for in Chapter 605, F.S	am familiar . Or, if this c	with and document is

If Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	lanager uthorized Member		
Title	Name	Address	Type of Action
<del></del>	same		
			□ Remove
	·		☐ Remove
			Add
			Remove
			_ Add
			Remove
			Add
			Remove
			□ n

	•
	date, if other than the date of filing:
Dated	5EPT. 17 2014
	Signature of a member or authorized representative of a member
	H Keith Mizell

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE