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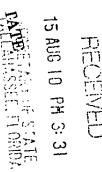
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COVER LETTER

DIV	ision of Corp	orations				
SUBJECT:	Kluger, Pere	tz, Kaplan & Berlin, P.L.				
SUBJECT.		Name of Limit	ted Liability Company			
The enclosed	l Articles of A	mendment and fee(s) are subm	nitted for filing.			
Please return	all correspon	dence concerning this matter t	to the following:			
		Richard A. Berkowitz, Dire	ector of Business and Lega	l Affairs		
			Name of Person			
		Kluger, Peretz, Kaplan & E	ger, Peretz, Kaplan & Berlin, P.L.			
			Firm/Company			
		200 S. Biscayne Boulevard	·			
			Address			
		Miami, Florida 33131				
			City/State and Zip Code			
		berkowitz@bpbcpa.com				
		E-mail address: (t	o be used for future annual re	port notificatio	n)	
For further in	nformation co	ncerning this matter, please ca	III:			
Richard A. I	Berkowitz			-1217		
	Name of	Person	Area Code	Daytime Tele	phone Number	
Enclosed is a	a check for the	e following amount:			· · · · ·	
■ \$25,00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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



July 30, 2015

RICHARD A BERKOWITZ 200 S BISCAYNE BOULEVARD, SIXTH FLOOR MIAMI, FL 33131

SUBJECT: KLUGER, PERETZ, KAPLAN & BERLIN, P.L.

Ref. Number: L03000001545

We have received your document for KLUGER, PERETZ, KAPLAN & BERLIN, 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):

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 915A00016062

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kluger, Peretz, Kaplan & Berlin, P.L.		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our record imited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Cor Florida document number L03000001545	mpany were filed on January 14, 2003	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
KPKB PROFESSIONAL LIMITED LIABILITY COMPANY	•	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>ं</u> ज
(Principal office address MUST BE A STREET ADDRE	<u></u>	<u> </u>
Enter new mailing address, if applicable:		24 0 E
(Mailing address MAY BE A POST OFFICE BOX)		37
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		s, enter the name of the r
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street addres	is
	, Flo	orida
	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, ar	nd address of each	person	being added
or removed from our records:					

MGR = Manager AMBR = Authorized Member Type of Action **Address** <u>Title</u> <u>Name</u> _□ Add □ Remove _□ Change _ Add □ Remove ☐ Change _□ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change Add Remove PM Change □ Add □ Remove ☐ Change

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