Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000254870 3)))



H180002548703ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:	Milalan af C-		. 97	
	Division of Co	•	• **	≥:-
	Fax Number	: (850)617-6383		<u>رت</u>
From:			•	ဌ
	Account Name	: FILINGS, INC.		
	Account Number	: 07272000 0 101	•	5.7
	Phone	: (954)791-21 00		
	Fax Number	: (954)583-4117	Ē,	
		•		ረጣ
				~
		s for this business entity to be use		
30	nual report mail	ings. Enter only one email address p	lease.**	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROSENTHAL ROSENTHAL RASCO KAPLAN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

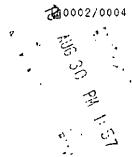
AUG \$ 1 2016

S. PRATHER

(j)

H18000254870

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ROSENTHAL ROSENTHAL RASCO KAPLAN, LLC	
(Name of the Limited Liability Company as it now (A Plorida Limited Liability Com	v annears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number L03000009165	I on MARCH 13, 2003 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
ROSENTHAL RASCO LLC	
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered office addr registered agent and/or the new registered office address here:	ess on our records, enter the name of the no
Name of New Registered Agent:	
New Registered Office Address:	ster Florida street address
	Floride

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

Page 1 of 3

H18000254870

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
			D Add
			Remove
			Change
			Add
			□ Remove
			_ Change
			Remove
			□ Change
			
			Change
			D Add
			☐ Remove
			☐ Change
	 _		D Add
		·	□ Remove
			Change

08/30/2018	1:19PM FAX	9546414192

			· · ·		
				•	
		,			
		· · · · · · · · · · · · · · · · · · ·			
	•		··		
				_	
				-	
					
	·——-			· · · · · · · · · · · · · · · · · · ·	
Mective date, if other	er than the date of filing: _ I, the date must be specific and can	anot be prior to date of filing	or more than 90 days	ptional) Her films \ Pursus	nt to 605
lote: If the date insert	red in this block does not meet ate on the Department of State	t the applicable statutory	filing requirements,	this date will no	t be liste
	a delayed effective date er the record is filed.	e, but not an effectiv	/e time, at 12:0:	1 a.m. on the	e earlie
The Soun day and		2018			
•	2				
•	2				
ated August 30					
•		ber or authorized represents	live of a mcmber		- 20
ated August 30		ber or authorized represents			- 18 AUG

Page 3 of 3 Filing Fce: \$25.00