

LA3000056445

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

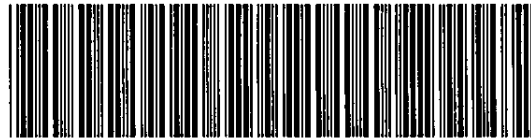
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01/04/17--01007--009 \*\*25.00

FILED  
2017 JAN 23 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

JAN 26 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 6, 2017

RAPPAPORT OSBORNE & RAPPAPORT & KIEN, PL  
LUANN TALIENTO  
1300 N FEDERAL HWY, STE. 203  
BOCA RATON, FL 33432

SUBJECT: RAPPAPORT OSBORNE RAPPAPORT & KIEM, PL  
Ref. Number: L03000056445

RECEIVED  
2017 JAN 23 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for RAPPAPORT OSBORNE RAPPAPORT & KIEM, PL 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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 117A00000341

CORRECT AMENDMENT  
ATTACHED.

THANK YOU

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RAPPAPORT OSBORNE RAPPAPORT & KIEM, PL  
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:

LUANN TALIENTO

Name of Person

RAPPAPORT OSBORNE &amp; RAPPAPORT, PL

Firm/Company

1300 N. FEDERAL HIGHWAY, SUITE 203

Address

BOCA RATON, FL 33432

City/State and Zip Code

OFFICE@RORLAWFIRM.COM

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

For further information concerning this matter, please call:

LUANN TALIENTO                      561        368-2200

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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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RAPPAPORT OSBORNE RAPPAPORT & KIEM, PL

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2017 JAN 23 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12-29-03 and assigned  
Florida document number LO3000056445.

This amendment is submitted to amend the following:

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

RAPPAPORT OSBORNE & RAPPAPORT, PLLC

The new name must be distinguishable and contain the words "Limited Liability Company," 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 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 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, and address of each person 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

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

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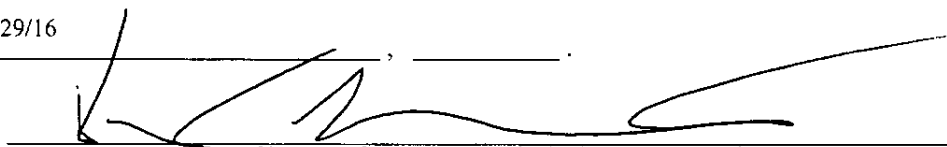
E. Effective date, if other than the date of filing: 01/01/2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 12/29/16

  
Signature of a member or authorized representative of a member

KENNETH S. RAPPAPORT, MANAGING MEMBER

Typed or printed name of signee