

L04000091760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

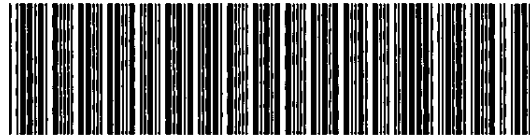
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500242546465

12/14/12--01009--025 \*\*35.00

2012 DEC 19 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. CLINE

DEC 20 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 19, 2012

STEVE KANTOR  
7705 DAVIE ROAD EXTENSION  
HOLLYWOOD, FL 33024

SUBJECT: KANTOR, GEISLER & ASSOCIATES, P.L.  
Ref. Number: L04000091760

We have received your document for KANTOR, GEISLER & ASSOCIATES, P.L. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Tammi Cline  
Regulatory Specialist II

Letter Number: 212A00029950

2012 DEC 19 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Kantor, Geisler & Associates, P.L.**

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:

**Steve Kantor**

Name of Person

**Kantor & Associates, P.L.**

Firm/Company

**7705 Davie Road Extension**

Address

**Hollywood, FL 33024**

City/State and Zip Code

**SteveK@kgacpa.com**

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

For further information concerning this matter, please call:

**Steve Kantor**

Name of Person

**954 432-3100**

at ( )

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 DEC 19 PM 1:07

FILED

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

Kantor, Geisler & Associates, P.L.

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

The Articles of Organization for this Limited Liability Company were filed on 12/13/2004 and assigned  
Florida document number L04000091760.

This amendment is submitted to amend the following

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

Kantor & Associates, P.L.

The new name must be distinguishable and end with 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

City

Florida

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 608, 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

2012 DEC 9 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr	Michael Geisler	7705 Davie Road Ext.	<input type="checkbox"/> Add
		Hollywood, FL 33024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2012 DEC 19 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

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

N/A

Dated

December 20

2012

Signature of a member or authorized representative of a member

Steve Kantor, CPA, Managing Member

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 DEC 19 PM 1:07

FILED