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COVER LETTER

TO:	Registration Se Division of Cor					
CUI	Bader Stills	man, P.L.				
SUL	3JECT:	Name of Lim	ited Liability Company	e s	. •	
The	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	•	·	*
Plea	ase return all correspo	ondence concerning this matter	to the following:			
		Raquel Melendez				
			Name of Person		-	
		Bader Stillman, P.L.				
			Firm/Company		_	
		6100 W. Atlantic Blvd.				
			Address		-	
		Margate, FL 33063				
			City/State and Zip Code		-	
		raquel@baderstillman.com				
		E-mail address: (to be used for future annual report noti	fication)	₹. 2	
For	further information c	oncerning this matter, please ca	all:		2018 WAR	TI
Raquel Melendez			954 971-3399 at ()		MA -5	F
	Name o	f Person		e Telephone Numbe	سي إيما	TU
Enc	losed is a check for the	he following amount:			A II: 10 E.FLORIE	
	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	
•						
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bader & Stillman, 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 12/23/2004 _ and assigned Florida document number _____L04000093332 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bader Stillman, P.L. 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 mame 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 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 = N					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
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			□ Remove		
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n effective date is listed, the date. If the date inserted in the	e must be specific a nis block does no	and cannot be prior t	o date of filing or mo ble statutory filing	re than 90 days afte	r filing.) Purs	uant to 601.02
cument's effective date on t	he Department of	f State's records.		,	101	
record specifies a del-	aved effective	date but not	an effective ti	ma at 12:01	Eri	⊶ ∮
The 90th day after the			an enective th	ne, at 12.01	a.m. on u	ie earlier (
January 25	<i>,</i>	2018				
ted	A	-,				
	7	······································	rized representative o			

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Filing Fee: \$25.00