

105000000355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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WASHINGTON, D.C.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 11, 2017

JENNIFER RAGATZ  
601 BRICKELL KEY DRIVE, SUITE 750  
MIAMI, FL 33131

SUBJECT: ISICOFF, RAGATZ & KOENIGSBERG, P.L.  
Ref. Number: L05000000355

We have received your document for ISICOFF, RAGATZ & KOENIGSBERG, 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: 817A00024975

2017 DEC 26 AM 11:42

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Isicoff, Ragatz & Koenigsberg, 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:

Jennifer Ragatz  
\_\_\_\_\_

Name of Person

Isicoff, Ragatz & Koenigsberg, P.L.  
\_\_\_\_\_

Firm/Company

601 Brickell Key Drive, Suite 750  
\_\_\_\_\_

Address

Miami, FL 33131  
\_\_\_\_\_

City/State and Zip Code

jenniferragatz@irlaw.com  
\_\_\_\_\_

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

For further information concerning this matter, please call:

Jennifer Ragatz  
\_\_\_\_\_

305 373-3232  
at ( ) \_\_\_\_\_

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

## Page 1 of 3

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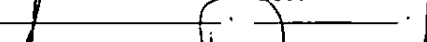
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

(b) The 90th day after the record is filed.

Dated December 27, 2017

ember 27 2017



Signature of a member or authorized representative of a member

Teresa Ragatz

Typed or printed name of signee