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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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FILED  
13 MAY 28 PM 3:33  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

MAY 29 2013  
D. BUTLER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALBERT + ASSOCIATES P.L.  
Name of Limited Liability Company

FILED  
13 MAY 28 PM 3:33  
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lynde Albert Levitz  
Name of Person

Albert + Associates, P.L.  
Firm/Company

2847 NE 34 CT  
Address

Lighthouse Pt., FL 33064  
City/State and Zip Code

lyndemail@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynde Albert Levitz at (305) 499-7070  
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

Albert + Associates, P.L.

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

FILED  
13 MAY 28 PM 8:33  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/1/05

and assigned

Florida document number L 65000075112

This amendment is submitted to amend the following:

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

ALBERT LEVITZ, 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)

2847 NE 34 CT

Lighthouse Point, FL

33064

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

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:

Lynda A. Levitz

New Registered Office Address:

2847 NE 34 CT

Enter Florida street address

Lighthouse Point

City

Florida

33064

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.

Lynda A. Levitz  
If Changing Registered Agent, Signature of New Registered Agent

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>
MGRM	Lynda A. Leutz	2847 NE 34 CT	Add
		Lighthouse Pt, FL	Remove
		33064	
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

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13 MAY 28 PM 3:33  
TALLAHASSEE, FLORIDA

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

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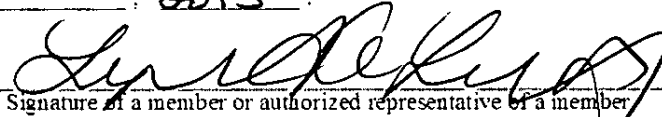
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Dated May 23, 2013



Signature of a member or authorized representative of a member

Lynda A. Levitz

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

**FILED**  
13 MAY 28 PM 3:33  
TALLAHASSEE, FLORIDA  
OFFICE OF STATE