

L05000098333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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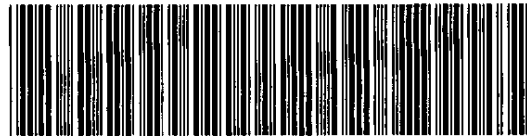
(Business Entity Name)

(Document Number)

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10 AUG 27 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan AUG 30 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: David Oscar Markus PLLC (current name)
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:

Mona Markus
Name of Person

Markus + Markus PLLC
Firm/Company

40 NW 3rd St., PH 1
Address

Miami FL 33128
City/State and Zip Code

MMARKUSE MARKUSLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mona Markus at (305) 379-6667
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

FILED
10 AUG 27 AM 10:25

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on October 6, 2005 and assigned Florida document number LO5000098333.

This amendment is submitted to amend the following:

A. If amending name, enter the ^{that is an ampersand} new name of the limited liability company here:

Markus & Markus, PLLC

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)

40 N.W. 3rd Street, PH 1
Miami, FL 33128

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same as above

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:

(same)

David Oscar Markus

New Registered Office Address:

(new)

40 NW 3rd Street PH 1

Enter Florida street address

Miami

City

Florida

33128

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.

not new

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

Title	Name	Address	Type of Action
MGRM	David Oscar Markus	40 N.W. 3rd St. PH 2 Miami, FL 33128	<input checked="" type="checkbox"/> Add (Formerly MGR) <input type="checkbox"/> Remove
MGR	Mona E. Markus	40 N.W. 3rd St. PH 2 Miami, FL 33128	<input checked="" 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

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

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 10 AUG 27 AM 10:25
 SECRETARY OF STATE
 ALABAMA
 FLORIDA

Dated August 17, 2010

 Signature of a member or authorized representative of a member
David Oscar Markus
 Typed or printed name of signee