

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MILLER,KAGAN,RODRIGUEZ AND SILVER, P.L.

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 TALLAHASSEE, FLORIDA
 DIVISION OF CORPORATIONS

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Corporate Filing Menu

Help

J. LEGGETT
DEC 28 2017



December 26, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT:
REF: L05000155451

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Name must contain the suffix of PLLC or LLC, as stated in the Statute 605.0112 (4)

If you have any further questions concerning your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II
Registration Section

FAX Aud. #: H17000333934
Letter Number: 217A00026050

P.O. BOX 6327 - Tallahassee, Florida 32314



December 21, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MILLER, KAGAN, RODRIGUEZ AND SILVER, P.L.
201 ALHAMBRA CIRCLE STE 802
CORAL GABLES, FL 33134

SUBJECT: MILLER, KAGAN, RODRIGUEZ AND SILVER, P.L.
REF: L05000115451

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

NAME MUST CONTAIN A SUFFIX OF PLLC OR LLC AS STATED IN STATUTE 605.0112 (4)

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.

Stacey M Warren
Regulatory Specialist II

FAX Aud. #: H17000333934
Letter Number: 417A00025786

P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MILLER KAGAN RODRIGUEZ AND SILVER, 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:

STEVEN NACLERIO

Name of Person

RICHMAN GRBER, P.A.

Firm/Company

396 ALHAMBRA CIRCLE, NORTH TOWER, 14TH FLOOR

Address

CORAL GABLES, FL 33136

City/State and Zip Code

SNACLERIO@RICHMANGRBER.COM

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

For further information concerning this matter, please call:

STEVEN NACLERIO, ESQ

305 373-4000
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
Citizen Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

MILLER, KAGAN RODRIGUEZ AND SILVER, 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 DECEMBER 2, 2017 and assigned
Florida document number L05000155400

This amendment is submitted to amend the following:

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

MKRS LAW, P.L.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal office 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 name 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

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 603, 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

Page 1 of 3

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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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

SECRET

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1/01/2018

E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated December 18th 2017

Signature of a member or authorized representative of a member

Robert J. Rodriguez
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00