L06000039806

(Requestor's Name)					
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2009 NOV -3 PM 3: 03

C. LEWIS
NOV 42008
EXAMINER

COVER LETTER

Division of Con	porations				
SUBJECT: Karen	J. Orlin P.L.		•		
(Name of Limited Liability Company)					
•					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Karen J. Orlin				
		(Name of Person)	······································		
	Karen J. Orlin P.L.				
		(Firm/Company)			
	P. O. Box 430620				
		(Address)			
	Miami, FL 33243				
		(City/State and Zip Code)			
For further information of	concerning this matter, please c	all:			
Karen J. Orlin		at (305) 794-6387			
(Name	of Person)	(Area Code & Daytime T	Celephone Number)		
Enclosed is a check for t	he 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:

TO:

Registration Section

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

2000 NOV -3 PM 3: 04

SECLETAN LA MATE TALLAHASSEE. FLORIDA

KAREN J. ORLIN 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 04/18/2006 and assigned					
Florida document number L06000039806	·				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabi	lity company here:			
n/a					
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," the	designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		2655 Le Jeune Road, Suite 500			
(Principal office address MUST BE A STREET ADDRESS)		Coral Gables, FL 33134			
					
Enter new mailing address, if applicable:		n/a			
(Mailing address MAY BE A POST OFFICE B	ox)				
Transing underess WAAA BETATOOL OF ATOELD	<u> </u>				
B. If amending the registered agent and/or registered agent and/or the new registered offi	•		ords, enter the name of the new		
Name of New Registered Agent:	(no change, remains Karen J. Orlin)				
New Registered Office Address:	2655 Le Jeune Road, Suite 500				
		(Enter Flo	rida street address)		
	Coral Gables		, Florida <u>33134</u>		
		(City)	(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.

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 **Address** Type of Action **Title Name** n/a-☐ Add ☐ Remove **□** Add Remove ↑ Add Remove ☐ Add Remove _ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Effective date as of November 1 Signature of a member or authorized representative of a member Karen J. Orlin, Managing Member Typed or printed name of signee

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Filing Fee: \$25.00