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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TOPKIN, EGNER & PARTLOW, 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:
Sanford R. Topkin
Topkin, Egner, Parthow & Racker, PL Firm/Company 1166 W. Newport Center Drive, Scite 309 Address
1166 W. Newport Center Drive, Suite 309
Deerfield Back, FL 33442 City/State and Zip Code
stopking gol con
For further information concerning this matter, please call:
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sanford R. Topkin at (954) 422-8422 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
\$25.00 Filing Fee \$ Certificate of Status 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

TOPKIN, EG-NER & (Name of the Limited Liability Com) (A Florida Limited	3 PARTLOU	u, P.L.			
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appear d Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Compa		4/25/06	anc	d assign	ned
Florida document number <u>LØ6ØØØ43270</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	ability company her	<u>e</u> :			
Topkin, Egner, Parthan & Rade	er, P.L.				<u>.</u>
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Compa	ny," the designation	"LLC" or	the abb	reviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	·		E'v	22	
			<u> </u>	-	many Track
			**************************************	J	HARMANA T. E
Enter new mailing address, if applicable:			2027	20	
(Mailing address MAY BE A POST OFFICE BOX)			- L L L L L L L L.	2	11
		•	25 X	芫	
B. If amending the registered agent and/or registered		ur records, <u>ente</u> i	***		he new
registered agent and/or the new registered office address h	<u>ere</u> :				
Name of New Registered Agent:					
New Registered Office Address:					
	Ent	Enter Florida street address			
 ,		, Florida _			
•	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 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 = Ma MGRM = N	nager Aanaging Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add
			Add
			NO N
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary)	S S A
_	·	. 133-	•1
Dated	Vovember, 1	4	
	SANTAD Roy	r or authorized representative of a member	·

Page 2 of 2

Filing Fee: \$25.00