

**Florida Department of State  
Division of Corporations  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
WEISS SEROTA HELFMAN PASTORIZA COLE & BONISKE, P.L.**

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Weiss Serota Helfman Pastoriza Cole & Boniske, 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:

Jamie Alan Cole

Name of Person

Weiss Serota Helfman Pastoriza Cole & Boniske, P.L.

Firm/Company

2525 Ponce de Leon Boulevard, Ste. 700

Address

Coral Gables, FL 33134

City/State and Zip Code

kcolbert@wsh-law.com

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

For further information concerning this matter, please call:

Kenneth E. Colbert

Name of Person

at 954 763-4242

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
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☐ \$55.00 Filing Fee &  
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☐ \$60.00 Filing Fee,  
Certificate of Status &  
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(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

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

Weiss Serota Helfman Pastoriza Cole & Boniske, 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 27, 2006 and assigned Florida document number L06000122611

This amendment is submitted to amend the following:

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

Weiss Serota Helfman Cole Bierman & Popok, 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)

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 605, 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

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

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

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E. Effective date, if other than the date of filing: October 1, 2014 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 9, 2014



Signature of a member or authorized representative of a member

Jamie Alan Cole

Typed or printed name of signer

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