## L08000027169

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(City/State/Zip/Phone #)
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SECRETARY OF STATE ONVISION OF CORPORATIONS

## **COVER LETTER**

TO: • Registration: Division of C					
SUBJECT:	Lipscom	b Eisenberg, PL			
	Name of Lim	ited Liability Company	<u> </u>		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	r to the following:			
		M. Keith Lipscomb			
	. *	Name of Person			
	Li	Lipscomb Eisenberg, PL Firm/Company			
		rim/Company			
	2 So	uth Biscayne Blvd. #3800	)		
		Address			
	kli	City/State and Zip Code			
	E-mail address: (	pscomb@lbefirm.com to be used for future annual report no	otification)		
For further information	concerning this matter, please of	call:	•		
M	egan Salazar	at (_786 )_	431.2318		
Name	of Person	Area Code & Day	time Telephone Number		
Enclosed is a check for	the following amount:				
<b>√</b> \$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)		
	LING ADDRESS:	STREET/COU	RIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	<u>Lipscomb Ei</u>	senberg, PL	<u> </u>	
( <u>Name of the Limite</u> (	d Liability Compa A Florida Limited	ny as it now appe Liability Company	ars on our records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on	March 14, 2008	and assigned
Florida document number L0800002	27169			
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company h	ere:	
Lip .	scomb,Eisenbe	erg & Baker, P	L	•
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Com	pany," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			<del> </del>
			***************************************	
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)			
				-
B. If amending the registered agent and registered agent and/or the new registered of			our records, enter th	e name of the new
registered agent and/or the new registered (	office address her	<u>e</u> .		
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Deborah B. Baker	2 South Biscayne Blvd Suite 3800 Miami, FL 33131	☐ Add Remove
<del></del>		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
<del></del>			STARKET
			FILED FRY OF SIA F COMPORAL I PA 20 0
Dated	MA		ORATIONS
	· · · / M	f or authorized representative of a member  1. Keith Lipscomb d or printed name of signee	

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Filing Fee: \$25.00