

108000030342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800293674088

01/03/17--01013--006 \*\*25.00

JAN 04 2017

S. YOUNG

FILED  
STATE  
SECRETARY OF REVENUE  
FALL RIVER, MA  
17 JAN -3 AM 8:25

***THE SCHIFFRIN LAW FIRM, PLLC***

101 Madeira Avenue  
First Floor - Crosswell Int'l Bldg.  
Coral Gables, Florida 33134

Michael Schiffrin, Esq.  
schiffnaw@aol.com

Jessica Schiffrin, Esq.  
jessica.b.schiffrin@gmail.com

Of Counsel:  
Ted H. Bartelstone, Esq.

Telephone: (305) 539-0000

December 27, 2016

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: **The Schiffrin Law Firm, PLLC**

Dear Sir/Madam:

Enclosed please find the Cover Sheet and an original and one copy of the *Articles of Amendment to Articles of Organization for The Schiffrin Law Firm, PLLC* which reflects the change of the registered and mailing address for the professional limited liability company, as well as the change of the address of the registered agent. I also enclose our check in the amount of \$25.00 representing your fee for the afore-requested change.

Of course, if you should have any questions or require anything further, please advise.

Very truly yours,

THE SCHIFFRIN LAW FIRM, PLLC



MICHAEL SCHIFFRIN, ESQ.

MS/ine  
Encl.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: THE SCHIFFRIN LAW FIRM, PLLC**

\_\_\_\_\_  
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:

Michael Schiffrin

\_\_\_\_\_  
Name of Person

The Schiffrin Law Firm PLLC

\_\_\_\_\_  
Firm/Company

101 Madeira Avenue, First Floor

\_\_\_\_\_  
Address

Coral Gables, Florida 33134

\_\_\_\_\_  
City/State and Zip Code

schifflaw@aol.com

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

For further information concerning this matter, please call:

Michael Schiffrin

305 539-0000  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

17 JAN -3 AM 8:25  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

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

THE SCHIFFRIN LAW FIRM, PLLC

(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 March 25, 2008 and assigned  
Florida document number L08000030342.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

101 Madeira Avenue

First Floor, Crosswell Int'l Building

Coral Gables, Florida 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

101 Madeira Avenue

First Floor, Crosswell Int'l Building

Coral Gables, Florida 33134

**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:

101 Madeira Avenue, First Floor Crosswell Int'l Building

*Enter Florida street address*

Coral Gables

Florida 33134

*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 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

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

170814  
AM  
25

17 JAN - 3

17 JAN -3 AM 8:23

品

(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)

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

Dated December 16, 2016

a delayed effective date, but  
er the record is filed.

\_\_\_\_\_, 2016

*lk*

Signature of a member or authorized representative of a member

MICHAEL SCHIFFRIN

Typed or printed name of signee