L08000104151

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COVER LETTER

Divi	ision of Cor	porations			
SUBJECT:	Kaufman, I	Englett and Lynd, PLLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		₩ w
		Shelley Hogue			
			Name of Person		- (1) (2) 6
Kaufman, Englett and Lynd, PLLC					. M. 12: 02
Firm/Company					च्या हु
	104 G				
			Address		_
		Orlando, FL 32801			
			City/State and Zip Code		-
		shogue@kelattorneys.com			
Eastumbaria	formation a	E-mail address: (oncerning this matter, please c	to be used for future annual report notif	ication)	
roi iuitiiei iii	normation co	oncerning this matter, please co	411.		2
Shelley Hogo	ue		407 513-1900 at ()	ext. 7	45 S
	Name o	f Person	Area Code Daytime	Telephone Number	,
Enclosed is a	check for th	e following amount:			
≅ \$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

TO:

Registration Section

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

·	Englett and Lynd, PLLC lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L0800104151	Company were filed on November 6, 2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Englett and Associates, PLLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" o	i .
Enter new principal offices address, if applicable:		至多
Principal office address MUST BE A STREET ADD	RESS)	
		<u> </u>
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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>	Address	Type of Action
MGR	Craig Lynd	200 E. Robinson Street, Suite 250,	
		Orlando, FL 32801	■ Remove
			☐ Change
MGR	Jeffrey Kaufman	200 E. Robinson Street, Suite 250,	
		Orlando, FL 32801	<u></u> ■ Remove
			Change
MGR	Julie Kaufman	200 E. Robinson Street, Suite 250,	
		Orlando, FL 32801	■ Remove
			Change
MGR	Shelley Hogue	150 N. Orange Avenue, Suite 100,	∃ Add
		Orlando, FL 32801	Remove
			☐ Change
			16
			□ Remove
			□ Change
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Effective date, if other than If an effective date is listed, the date	t he date of fil l must be specific a	ing: and cannot be pr	ior to date of fili	ng or more than 90	(optional) days after filing.	.) Pursuant	to 605.020
Note: If the date inserted in thi document's effective date on the	s block does no	it meet the app	licable statuto	ry filing requirem	ents, this date	will not b	e listed a
ne record specifies a dela The 90th day after the i			not an effec	tive time, at :	l2:01 a.m.	on the ϵ	earlier o
Dated May 31	_	2016					
			7				

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Typed or printed name of signee

Filing Fee: \$25.00