

LD9000106893

(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



900186390639

10/08/10--01005--001 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 OCT -8 PM 12:02

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Michael Steinberg & Associates, LLC**

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:

**Brian P. Bowman**

Name of Person

Firm/Company

**1458 Ocean Shore Blvd. Ste - 144**

Address

**Ormond Beach, FL 32176**

City/State and Zip Code

**bpbowman180@gmail.com**

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

For further information concerning this matter, please call:

**Brian Bowman**

Name of Person

at ( **727** )

**232-0590**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 OCT -8 PM 12:02

FILED

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

**Michael Steinberg & Associates, LLC**

(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 11/05/2009 and assigned  
Florida document number L09000106893

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable: 1458 Ocean Shore Blvd. Ste - 144  
Ormond Beach, FL 32176  
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 1458 Ocean Shore Blvd. Ste - 144  
Ormond Beach, FL 32176  
(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: Brian P. Bowman  
New Registered Office Address: 1458 Ocean Beach Blvd. Ste - 144  
Enter Florida street address  
Ormond Beach, Florida 32176  
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, P.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.*

*Brian P. Bowman*  
If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

FILED  
2010 OCT -8 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	David R. DuBay	6432 Massachusetts Ave Ste - 325 New Port Richey, FL 34654	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Benjamin P. Bowman	6432 Massachusetts Ave Ste - 325 New Port Richey, FL 34654	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Brian P. Bowman	1458 Ocean Shore Blvd. Ste - 144 Ormond Beach, FL 32176	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated \_\_\_\_\_

Signature of a member or authorized representative of a member

David R. DuBay

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FILED  
2010 OCT - 8 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA