

L10000091509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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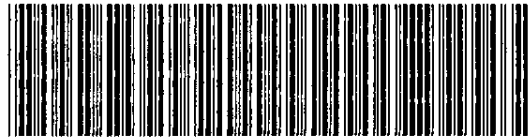
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 15 AM 9:49

B. KOHR
MAR 16 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Foreclosure Defense Lawyers 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:

David W. Lipcon

Name of Person

Firm/Company

9100 S. Dadeland Blvd, Ste. 400

Address

Miami/Florida 33156

City/State and Zip Code

dlipcon@bellsouth.net

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

For further information concerning this matter, please call:

David W. Lipcon

Name of Person

at (305)

670-6144

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

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DIVISION OF CORPORATIONS
11 MAR 15 AM 9:49

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

Florida Foreclosure Defense Lawyers 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 8/31/10 and assigned

Florida document number L10000091509

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 offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9100 S. Dadeland Blvd., Ste. 400

Miami, Florida 33156

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9100 S. Dadeland Blvd., Ste. 400

Miami, Florida 33156

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:

David W. Lipcon

New Registered Office Address:

9100 S. Dadeland Blvd., Ste. 400

Enter Florida street address

Miami

City

Florida

33156

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

FILED STATE
SECRETARY OF CORPORATIONS
11 MAR 15 AM 9:49

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:

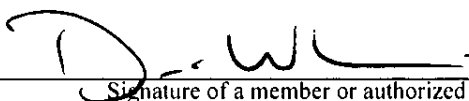
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Greg Herskowitz, P.A.	9130 S. Dadeland Blvd, PH1A Miami, FL 33156	<input type="checkbox"/> Add <input checked="" 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
			<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 March 9, 2011



Signature of a member or authorized representative of a member

David W. Lipcon

Typed or printed name of signee