

L11000000304

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

NOV - 1 2012

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: D. Michael Schloss Consulting, 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:

**D. Michael Schloss**

Name of Person

**Law Office of D. Michael Schloss, LLC**

Firm/Company

**1844 N. Nob Hill Road, #303**

Address

**Plantation FL 33322**

City/State and Zip Code

**michael@dmichaelschloss.com**

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

For further information concerning this matter, please call:

**D. michael Schloss**

Name of Person

at ( 954 )

**600-1022**

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, FL 32301

2012 OCT 31 PM 12:37

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

**D. Michael Schloss Consulting, 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 01/03/11 and assigned  
Florida document number L11000000304.

This amendment is submitted to amend the following:

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

Law Office of D. Michael Schloss, LLC

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

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TALLAHASSEE, FLORIDA  
JAN 03 2011 PM 12:37

**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:

*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> | <u>Address</u> | <u>Type of Action</u>   |
|--------------|-------------|----------------|---|
|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |

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

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Dated \_\_\_\_\_, \_\_\_\_\_.

  
Signature of a member or authorized representative of a member

D. Michael Schloss  
Typed or printed name of signee