

# L11000015970

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

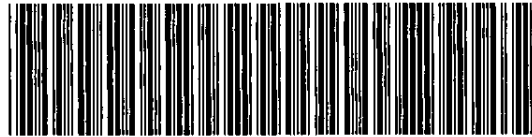
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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C. LEWIS  
NOV 27 2012  
EXAMINER



# MARC I. SOLOMON

*Attorney at Law*

November 20, 2012

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Legal Aid Administration Document Preparation, LLC  
Document Number L11000015970

Dear Sir/Madame:

Enclosed you will find an Amendment to amend the address, the registered agent and the manager of Legal Aid Administration Document Preparation, LLC. Also enclosed is our firm's check in the amount of \$25.00 as the filing fee.

Please file this Amendment as indicated above. Please contact our office if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Barbara P. Schwartz".

Barbara P. Schwartz  
Assistant to Marc Solomon

Encls.

**Marc I. Solomon, P.A.**

1801 N. Military Trail, Suite 160

Boca Raton, FL 33431

Phone: (561) 999-8960 • Fax: (561) 886-0199

E-mail: [Marc@Solomonpa.com](mailto:Marc@Solomonpa.com) • [www.solomonpa.com](http://www.solomonpa.com)

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LEGAL AID ADMINISTRATION DOCUMENT PREPARATION, 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:

**Barbara Schwartz**

Name of Person

**Marc Solomon, . P.A.**

Firm/Company

**1801 N. Military Trail #160**

Address

**Boca Raton, FL 33431**

City/State and Zip Code

**barbara@solomonpa.com**

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

For further information concerning this matter, please call:

**Barbara Schwartz**

Name of Person

at ( **561** ) **999-8960**

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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DIVISION OF CORPORATIONS

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LEGAL AID ADMINISTRATION DOCUMENT PREPARATION, 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 02/07/2011 and assigned  
Florida document number L11000015970

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**)

625 SE 10th Street  
Suite #2  
Deerfield Beach, FL 33441

Enter new mailing address, if applicable:  
(Mailing address **MAY BE A POST OFFICE BOX**)

625 SE 10th Street  
Suite #2  
Deerfield Beach, FL 33441

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: SG REGISTERED AGENT LLC

New Registered Office Address: 700 S. Federal Highway #200

*Enter Florida street address*

Boca Raton, Florida 33432

*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.*

*[Signature]*  
*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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Yoram Rozenberg	6920 SW 56th Court	<input checked="" type="checkbox"/> Add
		Davie, FL 33314	<input type="checkbox"/> Remove
MGR	Richard Parker	6697 N. Grande Drive	<input type="checkbox"/> Add
		Boca Raton, FL 33433	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated November-19-2012

X \_\_\_\_\_  
Signature of a member or authorized representative of a member

YORAM ROZENBERG  
Typed or printed name of signee