

L11000100489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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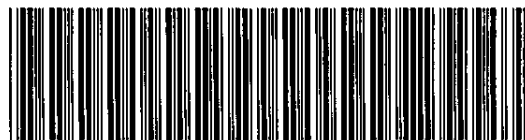
(Business Entity Name)

(Document Number)

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12 OCT - 9 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

D. BRUCE
OCT 11 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NYT LAW GROUP, PLLC
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:

ROHOM KHONSARI

Name of Person

NYT LAW GROUP, PLLC

Firm/Company

14004 ROOSEVELT BLVD, SUITE 613

Address

CLEARWATER, FL 33762

City/State and Zip Code

ROHOM@KLGFLORIDA.COM

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

For further information concerning this matter, please call:

ROHOM KHONSARI

Name of Person

at (727)

631-2369

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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**

NYT LAW GROUP, PLLC

(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 August 31, 2011 and assigned
Florida document number L11000100489.

This amendment is submitted to amend the following:

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

KHONSARI LAW GROUP, PLLC

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)

14004 ROOSEVELT BLVD, SUITE 612

CLEARWATER, FL 33762

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14004 ROOSEVELT BLVD, SUITE 612

CLEARWATER, FL 33762

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:

(SAME REGISTERED AGENT)

New Registered Office Address:

14004 ROOSEVELT BLVD, SUITE 612

Enter Florida street address

CLEARWATER

Florida

33762

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

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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>
_____	_____	_____	<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.)*

12 OCT -9 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Dated OCTOBER 7 2012



Signature of a member or authorized representative of a member

ROHOM KHONSARI

Typed or printed name of signee