

L11000107916

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan OCT 14 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLORIDA COMMUNITY LAW GROUP, P.L.

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:

Gregory Fishman

Name of Person

FLORIDA COMMUNITY LAW GROUP, P.L.

Firm/Company

1000 EAST HALLANDALE BEACH BLVD., Ste. 34

Address

HALLANDALE FL 33009 US

City/State and Zip Code

greg@grfpa.com

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

For further information concerning this matter, please call:

Gregory Fishman

Name of Person

at ( 305 )

792-6945

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**

FILED

11 OCT 13 PM 12:13

FLORIDA COMMUNITY LAW GROUP, P.L.  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/21/2011 and assigned  
Florida document number L11000107916.

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)**

1000 EAST HALLANDALE BEACH BLVD.

SUITE 34

HALLANDALE FL 33009 US

Enter new mailing address, if applicable:

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

1000 EAST HALLANDALE BEACH BLVD.

SUITE 34

HALLANDALE FL 33009 US

**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:

1000 EAST HALLANDALE BEACH BLVD. , SUITE 34

*Enter Florida street address*

HALLANDALE

*City*

, Florida

33009

*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> <i>Change only</i>	<u>Type of Action</u>
MGRM	FISHMAN, GREGORY R	1000 E. HALLANDALE BEACH BLVD. SUITE 34 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> <i>amend address</i> <input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	FELDMAN, PAUL	1000 E. HALLANDALE BEACH BLVD. SUITE 34 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> <i>amend address</i> <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 October 11, 2011

Signature of a member or authorized representative of a member

Typed or printed name of signer

*Gregory R. Fishman*

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TALLAHASSEE, FLORIDA