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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	A Law Firm of Schmitt, Cambron, Reynolds, P.L.		
SUBJE	Name of Limited Liability Company		
The enc	losed Articles of Amendment and fee(s) are submitted for filing.		
Please r	eturn all correspondence concerning this matter to the following:		
	Lawrence S. Klitzman, Esq.		
	Name of Person		
	Law Offices of Lawrence S. Klitzman, P.A.		
	Firm/Company		
	1391 Sawgrass Corporate Parkway		
	Address	.	
	Sunrise, Florida 33323	2014 PALL	
	City/State and Zip Code	2014 JAN AECRETA	••
	Isk@klitzlaw.com E-mail address: (to be used for future annual report notification)	27 SSE	Ē
For furt	ner information concerning this matter, please call:	PIJ 5; OF STA E. FLOR	
Lav	rence S. Klitzman, Esq. _{at 954} 384-4421	NI E	
	Name of Person 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

A Law Firm of Schmitt, C (Name of the Limited Liability Compan (A Florida Limited Li	
The Articles of Organization for this Limited Liability Company v. Florida document number11000110924	O - m to m th o m O 7 - 004 4
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
A Law Firm of Schmitt, Cambron & Associates, P.L.,	a Florida professional limited liability company
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	ALLAN JAN
Enter new mailing address, if applicable:	27 27 28 28 28
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	ice address on our records, enter the name of the new
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:

<u>Title</u>	Name Name	<u>Address</u>	Type of Action
			Add
			Remove
			Add
			Remove
			······································
			
			ZOLLAH ZOSEE PE
			27 ARY SSE
			F S S Add
			Remove
			Kelliove
			Add
	<u></u>		
			Remove
		v	
			Add
			
			Remove

,	
Dated	January 2, 2014
	Signature of a member of authorized representative of a member
	Kelly Cambron
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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

2014 JAN 27 PH 5: 18

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