

L11000110924

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TALLAHASSEE, FLORIDA

JUN 16 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A LAW FIRM OF SCHMITT, CAMBRON & ASSOCIATES, 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:

LAWRENCE S. KITZMAN
Name of Person
LAWRENCE S. KITZMAN, P.A.
Firm/Company
1391 LAWRENCE CORPORATE PARKWAY
Address
SUNRISE, FLORIDA 33323
City/State and Zip Code
LSK@KITZMAN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LARRY KITZMAN at (954) 384-4421
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

FEDERAL EXPRESS
STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

LAW OFFICES OF
LAWRENCE S. KLITZMAN, P.A.
1391 SAWGRASS CORPORATE PARKWAY
SUNRISE, FLORIDA 33323

LAWRENCE S. KLITZMAN
LL.M. TAXATION
ALSO ADMITTED IN NEW JERSEY

TELEPHONE 954-384-4421
FACSIMILE 954-389-3579
E-MAIL LSK@KLITZLAW.COM

June 11, 2014

Via Regular Mail:

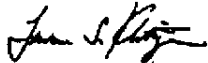
Florida Department of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL. 32301
Attn: Teresa Brown – Regulatory Specialist II

RE: A Law Firm of Schmitt, Cambron & Associates, P.L.
Ref. No.: L11000110924
Letter No.: 514A00011722

Dear Ms. Brown:

Enclosed please find the revised Articles of Amendment. Please note we have designated the suffix to be PLLC and indicated same in Paragraph A of the Amendment.

Very truly yours,



Lawrence S. Klitzman, Esq.

LK:nn

w/enclosure



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2014

LAWRENCE S. KLITZMAN, P.A.
1391 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

SUBJECT: A LAW FIRM OF SCHMITT, CAMBRON & ASSOCIATES, P.L.
Ref. Number: L11000110924

We have received your document for A LAW FIRM OF SCHMITT, CAMBRON & ASSOCIATES, P.L. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 514A00011722

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

A LAW FIRM OF SCHMITT, CAMBRON & ASSOCIATES, P.L.
(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 08/27/13 and assigned
Florida document number L11000110924.

This amendment is submitted to amend the following:

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

A LAW FIRM OF GOLDSTEIN, SCHMITT & CAMBRON, PLLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

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

City, Florida

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kelly CAMBRON	1330 SE Federal Highway	<input type="checkbox"/> Add
		STUART, Florida 34994	<input checked="" type="checkbox"/> Remove
AMBR	LAWRI J. GADSTEIN	1330 SE Federal Highway	<input checked="" type="checkbox"/> Add
		STUART, Florida 34994	<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.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 20, 2014.

X [Signature]

Signature of a member or authorized representative of a member
Kelly CAMERON

Typed or printed name of signee