## L11000134127

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	idress)	·	
(Ci	ty/State/Zip/Phone	<del>.</del> #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nam	ne)	
(Do	ocument Number)		
Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		
		N	

Office Use Only

B. KOHR

JAN 8 0 2012

**EXAMINER** 



100219718991

01/27/12--01003--007 \*\*25.00

12 JAH 27 AM 11:08

ELYMION OF CONFORACIONS

## **COVER LETTER**

TO: Registration 3 Division of Co				
SUBJECT:	Cory N	Meltzer 2 LLC		
		ited Liability Company		<u> </u>
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.		12 JAN 27 AN 11:00
Please return all corres	pondence concerning this matter	to the following:		至
		Cory Meltzer Name of Person		
	·	Meltzer & Mathis		
		Firm/Company		
	4000 N	. Federal Highway, Ste	. 202	
	E	Boca Raton, FL 33431		
		City/State and Zip Code	<u> </u>	
		ry@meltzermathis.com to be used for future annual report		
For further information	concerning this matter, please of	call:		
	Cory Meltzer	at (at	300-3447 aytime Telephone Number	·
Name	of reison	Area code & D	ayume relephone 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 enc	losed) Certified	te of Status &
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	Registration S Division of C Clifton Build	orporations ing ve Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cory Meltzer 2 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 \_ November 28, 2011 L11000134127 Florida document number \_\_\_\_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Meltzer & Mathis LLC 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) 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 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

MGR≔ Manager MGRM = Managing Member					
Title -	<u>Name</u>	Address	Type of Action		
	•		Add Remove		
			Add Remove 		
<del> </del>			Add Remove		
D. If amei	nding any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	<del></del>		
_		/	<del></del>		
_	,		<del></del>		
Dated	1/24/12 (194)//	lel	_		
	$(p) \alpha_{p}$	er or authorized representative of a member			

Page 2 of 2

Filing Fee: \$25.00