111000174127

| (Requestor's Name) |
|---|
| (Address) |
| |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |

Office Use Only



800260378488

05/21/14--01006--009 **25.00



COVER LETTER

TO:

Registration Section **Division of Corporations**

MELTZER & MATHIS LLC

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:

Cory Meltzer Name of Person Meltzer & Taylor LLC 4000 N. Federal Highway Ste. 202 Boca Raton, FL 33431 City/State and Zip Code CORY@MELTZERMATHIS.COM

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

For further information concerning this matter, please call:

at (561) Area Code Daytime Telephone Number

Name of Person

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

MELTZER & MATHIS 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 11/28/2011 and assigned Florida document number L11000134127 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MELTZER & TAYLOR LLC 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 Florida City 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|---------|---|
| MGRM | J. Hays Mathis | | |
| | | | ■ Remove |
| | | | Add |
| | | | □ Remove |
| | | | Add |
| | | | Remove |
| | | | <u>∜</u> □ ∧dd |
| | | | Add Add A C T T T T T T T T T T T T T T T T T T |
| | | | Ade CRIDA |
| | | | |
| | | | □ Add |

| · · · · · · · · · · · · · · · · · · · | r change(s) here: (Attach additional sheets, if necessary.) |
|--|---|
| | |
| | |
| | |
| | |
| Effective date, if other than the date of fi The effective date must be specific, cannot be prior to the date this document is filed by the Florida Depart | o date of receipt or filed date and cannot be more than 90 days after |
| Dated MAY 6 | 2014 |
| () | |
| (195) | Mes |
| Signature of Signa | of a member or authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00

14 MAY 21 AM 9: 22