

L110000139110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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03/22/16--01003--008 **25.00

16 APR - 7 PM 1:25

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Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2016

IRA SILVERSTEIN
2900 W CYPRESS CREEK RD #6
FT.LAUDERDALE, FL 33309 US

SUBJECT: IRA SCOT SILVERSTEIN, LLC
Ref. Number: L11000139110

We have received your document for IRA SCOT SILVERSTEIN, LLC 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 specific purpose of the entity must be set forth in the document.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 616A00006090

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

IRA SCOT SILVERSTEIN, 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 12/12/11 and assigned
Florida document number 411000139110.

This amendment is submitted to amend the following:

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

IRA SCOT SILVERSTEIN, PLLC
The new name must be distinguishable and contain 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

, 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

SEE ATTACHED

16 APR - 7 PM 1:25

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated MARCH 15, 2016.



Signature of a member or authorized representative of a member

IRA SCOTT SILVERSTEIN

Typed or printed name of signee



IRA SCOT SILVERSTEIN, LLC

Ira Scot Silverstein
Attorney and Counselor at Law

ira@isslawyer.com
(954) 773-9911
(954) 369-5034 fax

March 31, 2016

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Ira Scot Silverstein, LLC

Dear Sir or Madam:

Please allow this letter to serve as my statement that the purpose of my company is to serve as a law firm.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,
IRA SCOT SILVERSTEIN, LLC

Ira Scot Silverstein, Esq.
For the Firm

ISS/js