111000/42976

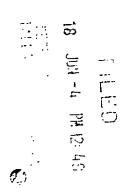
(Re	equestor's Name)	<u> </u>
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone #	
PICK-UP	WAIT	MAIL
(Bi	isiness Entity Name	<u> </u>
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



100314034871

06/04/18--01938--006 **25.00



O SIMMONS
JUN 0 6 2018

COVER LETTER

Division o	f Corporations
Micha SUBJECT:	nud, Mittelmark, Marowitz & Asrani, P.L.L.C.
	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
	Kabir C. Asrani
	Name of Person
	Michaud, Mittelmark & Asrani, PLLC
	Firm/Company
	621 NW 53rd Street, Suite 395
	Address
	Boca Raton, FL 33487
	City/State and Zip Code
	keasrani@michaudlaw.com
	E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
Kabir C. Asrani	561 392-0540
Na	me of Person Area Code Daytime Telephone Number
Enclosed is a check f	for the following amount:
■ \$25.00 Filing Fed	e S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 (Tallahassee, FL 32314

TO:

Registration Section

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

MICHAUD, MITTELMARK, MAROWITZ & ASRANL P.L.L.C.

(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 12/21/2011 and assigned Florida document number L11000142976 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MICHAUD, MITTELMARK & ASRANI, PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 621 NW 53rd Street Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Suite 395 Boca Raton, FL 33487 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: Kabir C. Asrani Name of New Registered Agent: 621 NW 53rd Street, Suite 395 New Registered Office Address: Enter Florida street address , Florida 33487 Zip Code Boca Raton

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>	Address	Type of Action
MGR	Evan Marowitz	621 NW 53rd Street, Suite 260	
		Boca Raton, FL 33487	■ Remove
			☐ Change
		 	Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			Change
			D Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change

	· · · · · ·	-						
							 	
								
	<u> </u>				. <u></u>			
				····	 -			 ದು
-								
	·				<u>_</u>			
								<u> </u>
								- F
							•	<u> </u>
							A.	
		•						
			_					
n effectiv o <u>te:</u> If th	date, if other the we date is listed, the he date inserted in 's effective date o	date must be speci n this block does	filing: fic and cannot b not meet the	applicable statu	filing or more than tory filing require	(optio 90 days after t ements, this	iling.) Pursi	uant to 605,02 not be listed.
	d specifies a d)th day after t			ut not an eff	ective time, a	t 12:01 a	m. on tl	ne earlier
ted	5/25/1	8		·	_			
	- ,		17/		-			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00