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COVER LETTER

TO:

	gistration Sec vision of Corp					
	Green and Kahn, P.L					
SUBJECT:		Name of Limi	ited Liability Company			
The enclose	d Articles of .	Amendment and fee(s) are sub-	mitted for filing.			
Please return	n all correspo	ndence concerning this matter	to the following:			
		Donald J. Kahn				
			Name of Person			
		Green and Kahn, P.L.				
Firm/Company						
		317 71st Street				
	Address					
		Miami Beach, FL 33141				
			City/State and Zip Code			
		David@gkmiamilaw.com				
For further:	information c	oncerning this matter, please of	to be used for future annual rall:	eport notification)		
David J. K	ahn			5-4311		
	Name o	f Person	at () Area Code	Daytime Telephon	e Number	
Enclosed is	a check for the	ne following amount:				
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	osed)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ailing Addres		Street Ad			
Registration Section Division of Corporations			_	Registration Section Division of Corporations		
P.	O. Box 632	27	The Cer	The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Green and Kahn P.L.		
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our r iability Company)	records.)
The Articles of Organization for this Limited Liability Company value of Organization for this Limited Liability Company value $\frac{\text{L}_{12000001621}}{\text{L}_{12000001621}}$.	were filed on 01/04/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Kahn and Kahn P.L.		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
	•	3 3
Enter new mailing address, if applicable:		٧٠ - حد
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, g	enter the name of the new registere
New Registered Office Address:	Enter Florida street	nddrass
	Emer : toring street	
	Civ	, Florida = Zip Code
New Registered Agent's Signature, if changing Registered Agent:	(m	ząr Coac
I hereby accept the appointment as registered agent and agro- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duti provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

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
			□Remove
			□Change
	<u> </u>		□ Add
			□Remove
			Change
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fective date, if other than the date of an effective date is listed, the date must be speciple: If the date inserted in this block does cument's effective date on the Department.	ific and cannot be prior to date c s not meet the applicable sta			
ecord specifies a delayed effective date, b is filed.	out not an effective time, at	12:01 a.m. on the earli	er of: (b) The 90th da	y after th
ned January 1	<u>awo</u>			
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Signatur	re of a member or authorized re	presentative or a memor	•	