

L12000007304

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JAN 04 2017

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2016

CHERYL HOAGLUND
500 S AUSTRALIAN AVE SUITE 825
WEST PALM BEACH, FL 33401

SUBJECT: CLARFIELD, OKON, SALOMONE & PINCUS, P.L.
Ref. Number: L12000007304

We have received your document for CLARFIELD, OKON, SALOMONE & PINCUS, P.L. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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: 716A00027254

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Clarfield, Okon, Salomone & Pincus, P.L.

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:

Cheryl Hoaglund

Name of Person

Clarfield, Okon, Salomone & Pincus, P.L.

Firm/Company

500 S Australian Ave Suite 825

Address

West Palm Beach, FL 33401

City/State and Zip Code

choaglund@cosplaw.com

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

For further information concerning this matter, please call:

Cheryl Hoaglund

561 713-1400 ext. 1224
at ()

Name of Person

Area Code

Daytime Telephone 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 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

Clarfield, Okon & Salomone, P.L.

Fax Cover Sheet

To: FL Dept. of State
Division of Corp.

Recipient's Fax No.: 850-245-6030
ATTN: Jasmine Sulker

From: Cheryl Hoaglund, Controller
choaglund@cosplaw.com

Number of Pages Sent
Including this Cover Sheet: 7


Date: January 3, 2017

Regarding:

Per our discussion this morning, please accept the correct documents to amend our corporate name. I really appreciate your help in expediting this for me. We paid the fee on check# 108624 in the amount of \$ 43.75.

If you have any questions or need additional information please contact me at (561) 674-2066.

Thank you.


Cheryl Hoaglund
Doc# L12000007304

RECEIVED
2017 JAN -3 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The documents contained with this fax may be privileged, confidential and protected by law. This fax, and any documents sent herewith, are intended solely for viewing and use by the recipient identified above. If you received this fax in error, please do not read any documents included herewith. Please contact the sender for instructions regarding the return of these document. Our telephone number is 561-713-1400. Thank you in advance for your cooperation.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clarfield, Okon, Salomone & Pincus, P.L.

(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 January 13, 2012 and assigned
Florida document number L12000007304.

This amendment is submitted to amend the following:

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

Clarfield, Okon, & Salomone, P.L.

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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>
V	CARYN PINCUS	425 RXR PLAZA	<input type="checkbox"/> Add
		UNIONDALB, NY 11556	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C.
RECEIVED

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 JANUARY 3, 2017


Signature of _____

Signature of a member or authorized representative of a member

STEVEN J CLARFIELD

Typed or printed name of signee