

L12000058900

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 05 2016  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Menowitz Consulting Group, 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:

David H. Greenberg, Esq.

Name of Person

-----

Firm/Company

1371 SW 12th Avenue

Address

Pompano Beach, FL 33069

City/State and Zip Code

getdavidhg@gmail.com

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

For further information concerning this matter, please call:

David H. Greenberg, Esq.

Name of Person

at ( 954 )

Area Code

560-3283

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

TO  
ARTICLES OF ORGANIZATION  
OF

Menowitz Consulting Group, 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 5-2-12 and assigned Florida document number L12000058900.

**This amendment is submitted to amend the following:**

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

Change of percentage ownership of LLC shares by Members including new /

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." member

**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

**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**

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Frederick A. Menowitz	2100 S. Ocean Blvd., #608N Palm Beach, FL 33480	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change 50%
AMBR	Lisa J. Hamburger	2100 S. Ocean Blvd., #608N Palm Beach, FL 33480	<input checked="" type="checkbox"/> Add 25% <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Suzanne G. Menowitz	2100 S. Ocean Blvd., #608N Palm Beach, FL 33480	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> UNCHANGED 25%
			<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 <input type="checkbox"/> Remove <input type="checkbox"/> Change

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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F. 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 605.112(17) (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 June 27<sup>th</sup>, 2016

Signature of a member or authorized representative of a member  
Frederick A. Senowletz, Manager

Type or printed name of signer

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**Filing Fee: \$25.00**

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