

L12 000 128489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

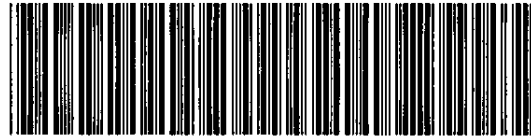
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 24, 2014

JUDE COOPER  
1351 SAWGRASS CORPORATE PKWY SUITE 101  
FT LAUDERDALE, FL 33323

SUBJECT: POLENBERG, COOPER, SAUNDERS, & RIESBERG, PL  
Ref. Number: L12000128489

We have received your document for POLENBERG, COOPER, SAUNDERS, & RIESBERG, PL 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 name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 514A00013699

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Polenberg, Cooper, Saunders, & Riesberg, PL  
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:

Jude Cooper

Name of Person

Polenberg Cooper

Firm/Company

1351 Sawgrass Corporate Parkway, Suite 101

Address

Fort Lauderdale, FL 33323

City/State and Zip Code

jcooper@polenbergcooper.com

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

For further information concerning this matter, please call:

Jude Cooper

Name of Person

at ( 954 ) 742-9995

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

Polenberg, Cooper, Saunders, &amp; Riesberg, PL

(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 October 9, 2012 and assigned Florida document number **L12000128489**

This amendment is submitted to amend the following:

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

Polenberg Cooper, PLLC

The new name must be distinguishable and end with 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

City:

**, 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**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Barbara Riesberg	777 Brickell Avenue	<input type="checkbox"/> Add
		Suite 1210	<input checked="" type="checkbox"/> Remove
		Miami, Florida 33131	
MGR	Brad K. Saunders	1351 Sawgrass Corporate Parkway	<input type="checkbox"/> Add
		Suite 101	<input checked="" type="checkbox"/> Remove
		Fort Lauderdale, FL 33323	
MGR	Julie Hough	1351 Sawgrass Corporate Parkway	<input checked="" type="checkbox"/> Add
		Suite 101	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33323	
MGR	Mona Bentz	1351 Sawgrass Corporate Parkway	<input checked="" type="checkbox"/> Add
		Suite 101	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33323	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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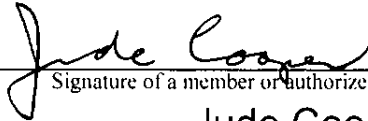
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 16, 2014



Signature of a member or authorized representative of a member

Jude Cooper, a Manager

Typed or printed name of signee