

Division of Corporations

W200132169
H160001591303
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H160001591303))



H160001591303ABC

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : JOHN M WICKER PA
Account Number : I20070000104
Phone : (239) 939-2222
Fax Number : (239) 939-2280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mwicker@lawcra.com

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JUN 30 PM 1:00

RECEIVED
16 JUN 30 12:32
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FELIX STEIN & PARTNERS LLC

Certificate of Status	0
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JUL 01 2016

S. YOUNG

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Corporate Filing Menu

Help

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H 16000 159 1303
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FELIX STEIN & PARTNERS 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 10/18/2012 and assigned
Florida document number L12000133169

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

5222 CEDARBEND DR.
FORT MYERS, FL 33919

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5222 CEDARBEND DR.
FORT MYERS, FL 33919

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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

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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>
MGRM	DANIEL MIKSOVSKY	5222 CEDARBEND DR.	<input type="checkbox"/> Add
		FORT MYERS, FL 33919	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	IVANA MIKSOVSKA	5222 CEDARBEND DR	<input type="checkbox"/> Add
		FORT MYERS, FL 33919	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ADELA MIKSOVSKA	15021 SAND PRESERVE BLVD,	<input type="checkbox"/> Add
		FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MAGDALENA MIKSOVSKA	5222 CEDARBEND DR	<input type="checkbox"/> Add
		FORT MYERS, FL 33919	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	PROGAMERS SRO	5222 CEDARBEND DR	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33919	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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E. 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 605.0207 (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 2016/06/28


Signature of a member or authorized representative of a member
DANIEL MIKSOVSKY

Typed or printed name of signor

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