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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Fuxa Tyler Geyer, PLLC

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:

Jeremy Tyler

Name of Person

Geyer Fuxa Tyler, PLLC

Firm/Company

490 Sawgrass Corporate Parkway, Suite 110

Address

Sunrise, FL 33325

City/State and Zip Code

jeremy.tyler@gmail.com

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

For further information concerning this matter, please call:

Jeremy Tyler

,,954**、812-2779**

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fuxa Tyler Geyer, PLLC				
(Name of the Limited	Liability Compar	ny as it now appears on our recliability Company)	ords.)	
The Articles of Organization for this Limited Li Florida document number L12000159858	ability Company		5 2 2	
This amendment is submitted to amend the follows: A. If amending name, enter the new name of	Ū	ility company baras		
-	the nimted habi	mty company nere.	S ENTE	
Geyer Fuxa Tyler, PLLC			>	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Company," the desi	gnation "LLC" or the abbreviation	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		490 Sawgrass Corporate Parkway, Suite 110		
		DRESS) Sunrise, FL 33325		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		490 Sawgrass Corporate Parkway, Suite 110 Sunrise, FL 33325		
B. If amending the registered agent and/oregistered agent and/or the new registered of			s, <u>enter the name of the nev</u>	
Name of New Registered Agent:	Jeremy Ty	vler		
New Registered Office Address:	490 Sawg	rass Corporate Parkw	ay, Suite 110	
1.377 Atoguesas Cares Androny.		Enter Florida .	street address	
	Sunrise	ri T	lorida 33325	
		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 608, 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

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>Title</u>	lanager Managing Member Name	Address	Type of Action
TILLE	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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Dated January	1 2013		
Jaieu	,		
	Signature of a member or authorized representative of a member		
Jere	my Tylet		
	Typed or printed name of signee		
	Page 3 of 3		
	Filing Fee: \$25.00		

FILED
2013 JAN-7 AM 8: 07

SECRETARY OF STATE