

L13000006462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

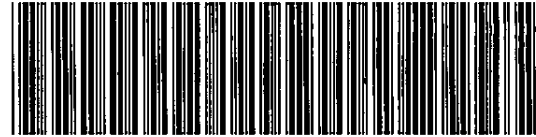
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700293297897

12/19/16--01037--028 \*\*60.00

FILED  
16 DEC 19 PM 4:28  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DEC 21 2016

CLERK

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KAHAN HEIMBERG, PLC  
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:

Brian A. Kahan  
Name of Person

KAHAN & ASSOCIATES, PLLC  
Firm/Company

2300 NW Corporate Blvd., Ste 123  
Address

Boca Raton, FL 33431  
City/State and Zip Code

bkahan@kahanlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian A. Kahan at (561) 392-9000  
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**

KAHAN HEIMBERG, PLC

(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 1/14/2013 and assigned  
Florida document number L13000006462

This amendment is submitted to amend the following:

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

KAHAN & ASSOCIATES, PLLC

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)

Same as before

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

Same as before

**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:

No change

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>
			<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
			<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

DECEMBER 9 PM 4:58  
CLARK COUNTY, IOWA

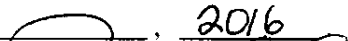
10 DEC 19 PM 4:25  
RECEIVED  
HARRISBURG, FLORIDA

16 DEC 19 PM 4:24  
KILPATRICK FIELD  
MASSACHUSETTS, FLORIDA

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

1/1/2017

**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.

Dated 12/16/, 2016  
  
 Signature of a member or authorized representative of a member  
BRIAN A. KAHAN  
 Typed or printed name of signee