L13000060786

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	<u> </u>
Special Instruction	s to Filing Officer:	
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T. BROWN

COVER LETTER

TO: Registration Se		;	
SUBJECT:	Meltzer of Lim	Heksraitis A	LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Jen	nifer Meksraitis Name of Person	
	2114 N	Firm/Company O. Columbus Dr. S Address	He A
	Tamp	a FL 33607 City/State and Zip Code	7
	MCKs n E-mail address: (1	aitis @ yahoo . do be used for future innual report notif	<u>Com</u> ication)
For further information co	oncerning this matter, please ca	•	
Jennifer	Meksraitis	at (<u>\$13</u>) <u>600</u> Area Code Daytime	319-7
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 3, 2014

JENNIFER MEKSRAITIS 2114 W COLUMBUS DR STE A TAMPA, FL 33607

SUBJECT: MELTZER AND MEKSRAITIS LLC

Ref. Number: L13000060786

We have received your document for MELTZER AND MEKSRAITIS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The specific purpose of the entity must be set forth in the document.

Please return 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.

Teresa Brown Regulatory Specialist II

Letter Number: 114A00025421

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•	HATEL PA
Meltzer AND Me (Name of the Limited Liability Compa) (A Florida Limited L	ORGANIZATION F Ksraitis Ny as it now appears on our records. Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 4/23/20/3 and assigned
The Articles of Organization for this Elimited Elability Company	were med on and assigned
Florida document number <u>L 13 0000 6 0 7</u> 86	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Jennifer Men	Ksraitis PLLC ility Company," the designation "LLC" or the abbreviation "L.L.C."
he new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2114 W. Columbus Dr.
Principal office address MUST BE A STREET ADDRESS)	Se 7
	2114 W. Columbus Dr. State 7 Tampa, FL 33607
	,
Enter new mailing address, if applicable:	2114 W. Columbus Dr. Tampa, FL 33607
Mailing address MAY BE A POST OFFICE BOX)	Tampa EL 33607
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new
	-
Name of New Registered Agent:	
New Registered Office Address:	
New negistered 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Actio
AMBR	Cory Meltre	4000 N. Federal 4	, wy □ Add
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Page 3 of 3

Filing Fee: \$25.00