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COVER LETTER **

TO: Registration Section
Division of Corporations

_{r.} Snyder & Liss, P.L.

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:

Peter J. Snyder, Esq.

Name of Person

Snyder & Liss, P.L.

Firm/Company

4700 NW Boca Raton Blvd., Ste. 103

Address

Boca Raton, Florida 33431

City/State and Zip Code

psnyder@snyderandliss.com

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

For further information concerning this matter, please call:

Lindsey M. Crews

561 3671581 x 103

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

Snyder Legal Group, P.			
(Name of the Limited	Liability Compa Florida Limited L	ny as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited L Florida document number L1300007026	iability Company		
This amendment is submitted to amend the foll	owing:		•
A. If amending name, enter the new name o	f the limited liab	ility company here:	
Snyder & Liss, P.L.			
The new name must be distinguishable and end win"L.L.C."	th the words "Limi	ted Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		4700 NW Boca Ra	aton Boulevard
(Principal office address MUST BE A STREE	T ADDRESS)	Suite 103	
		Boca Raton, Florid	da 33431
Enter new mailing address, if applicable:			2013 DS
(Mailing address MAY BE A POST OFFICE	BOX)		C WESTERN
			S S S S S S S S S S S S S S S S S S S
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered of ffice address her	fice address on our recor e:	rds, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	4700 NW	Boca Raton Boulev	ard, Suite 103
		Enter Florid	la street address
	Boca Rato	on	Florida 33431
		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 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:

MGR = Man MGRM = M	nager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
		·	
			Add Remove
•			Remove 9 PH J
			—————————————————————————————————————
		100 - 1	Remove
		14-24-1-26-1-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Add
			1
			Kemove

If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ted Dec	<u>cember 5 2013</u>
	Pet 1 Mb
_	Signature of a member or authorized representative of a member
Ī	Peter J. Snydér
_	Typed or printed name of signee

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Filing Fee: \$25.00

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