

Division of Corporations

Page 1 of 2

L140000000027

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000047756 3)))



H200000477563ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : HARPER MEYER 6  
Account Number : I20090000060  
Phone : (305) 577-3443  
Fax Number : (305) 577-9921

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

Email Address: ralbert@harpermeyer.com

RECEIVED  
2020 FEB 11 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2020 FEB 11 PM 1:17

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
KAIRE & HEFFERNAN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Y SULKER  
FEB 12 2020

H20000047756 3

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KAIRE & HEFFERNAN, LLC**  
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:

Ronald Albert, Jr., Esq.  
Name of Person  
Harper Meyer Perez Hagen Albert Dribin & DeLuca LLP  
Firm/Company  
201 S. Biscayne Blvd., Suite 800  
Address  
Miami, Florida 33131  
City/State and Zip Code  
ralbert@harpermeyer.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald Albert, Jr., Esq. at (305) 577-3443  
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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



H20000047756 3

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

Title	Name	Address	Type of Action
_____	_____	_____	<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

H20000047756 3

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

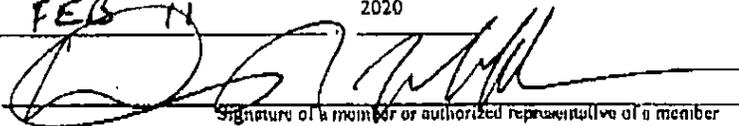
Article III of the Articles of Organization is amended to read:

"The Professional Limited liability Company is organized for the purposes of engaging in the practice of law in the State of Florida and all its fields of specialization as engaged in by lawyers pursuant to Chapter 621 of the Florida Statutes. The Professional Limited Liability Company shall engage and render the professional services involved only through its members, officers, agents and employees who shall be in good standing, licensed otherwise legally authorized within the State of Florida to render the same professional services as the Professional Limited Liability Company.

Without in any manner limiting any of the objectives and powers of the Professional Limited Liability Company, it is expressly declared and provided that the Professional Limited Liability Company is hereby empowered to transact any and all lawful business for which professional limited liability companies may be formed under Chapter 605 of the Florida Statutes.

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 FEB 11 2020  
  
Signature of a member or authorized representative of a member  
DAVID R. HEFFERNAN  
Typed or printed name of signee

Filing Fee: \$25.00

H20000047756 3