

L14 0000 26357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

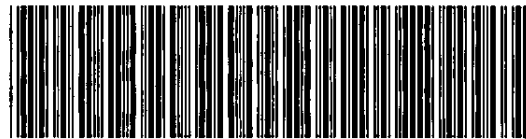
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100257627241

03/17/14--01007--006 **25.00

14 MAR 17 PM 2:15
TALLAHASSEE, FLORIDA

J. Shivers MAR 19 2014

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
AMBR = Authorized Member

Title	Name	Address	Type of Action
-------	------	---------	----------------

			☐ Add
--	--	--	------------------------------

			☐ Remove
--	--	--	---------------------------------

			☐ Add
--	--	--	------------------------------

			☐ Remove
--	--	--	---------------------------------

			☐ Add
--	--	--	------------------------------

			☐ Remove
--	--	--	---------------------------------

			☐ Add
--	--	--	------------------------------

			☐ Remove
--	--	--	---------------------------------

			☐ Add
--	--	--	------------------------------

			☐ Remove
--	--	--	---------------------------------

			☐ Add
--	--	--	------------------------------

			☐ Remove
--	--	--	---------------------------------

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

In addition to changing the name, please change the type of company
to a professional limited liability company (PLLC). As such,
the new name of the company is Malek Moss PLLC.

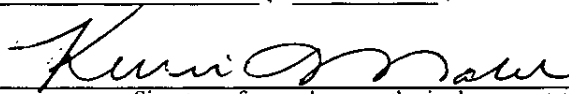
The purpose is the practice of law.

Please change the address of the authorized person to 433 Plaza Real, Suite 275, Boca Raton, FL 33496.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 13 , 2014



Signature of a member or authorized representative of a member

Kevin N. Malek, Authorized Person

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

16 MAR 17 PM 2:53
SECURITY
TALLAHASSEE, FLORIDA