# U400047659

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# **COVER LETTER**

10: Registration Seconds Division of Cor					
SUBJECT: COHEN	LEGAL GROUP, F	P.A. LAW OFFICES LLC			
SUBJECT.	Name of Lim	ited Liability Company		,	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Danny Cohe	en ,			
	<del>-</del>	Name of Person			
	Cohen Legal Gro	up, P.A. Law Offices LLC			
		Firm/Company			
	2734 E. Oakl	and Park Blvd., Ste	102		
		Address			
	Ft. Lauderda	ale, FL 33306		4	
	DANNY@COHEN	City/State and Zip Code		21	
		to be used for future annual report notification	)n)	2014 HAR	with Sales
For further information co	oncerning this matter, please c	all:	名音 表面	<del>1</del>	CHINESE PERSON
Danny Coh	en	954,993-962	4 SSEE.	œ <u>⊒</u>	3
Name o	f Person	Area Code Daytime Tele	phone Number FOR STATE	PH 12: 58	<b>-</b>
Enclosed is a check for the	_		,		
■ \$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)		
	•	(auditional copy is enclosed)		osed)	

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

Cohen Legal Group, P.A. Lav		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	,
The Articles of Organization for this Limited Liability (Florida document number L1400047659	Company were filed on March 24, 20	14 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Cohen Legal Group of Florida, PLLC		
The new name must be distinguishable and end with the words "Li	imited 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 ADD	RESS)	
Enter new mailing address, if applicable:		201 321
(Mailing address MAY BE A POST OFFICE BOX)		CO A TO
		S 7 28
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	stered office address on our records, dress here:	enter the name of the net
Name of New Registered Agent:		77-
New Registered Office Address:	Enter Florida street address	
	F1	·
	, Flori	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 = M $AMBR = A$	fanager authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
		· .	Remove
,			☐ Add
<del></del>		-	
			Remove
			Add
			<u> </u>
			CERETARY SECRETARY
			FIGURADO ACTOR ACT
			72 m
•	No. of Contract Contr		□ Add
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			☐ Remove

I	legal Services.	
-		
		<u> </u>
-		
effective date must be specifi	In the date of filing: c, cannot be prior to date of receipt or filed date and the Florida Department of State)	(optional) cannot be more than 90 days after
effective date must be specificate this document is filed by	c, cannot be prior to date of receipt or filed date and	(optional) cannot be more than 90 days after
date this document is filed by	e, cannot be prior to date of receipt or filed date and the Florida Department of State)	(optional) cannot be more than 90 days after

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Filing Fee: \$25.00