L14000097269

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	·
(Ci	ty/State/Zip/Phone #/)
PICK-UP	WAIT .	MAIL
(Bi	usiness Entity Name))
. (De	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
		:
W14-5	54914	
i .	Office Use Only	



200263822242

09/02/14--01047--021 **55.00



SEP. 12 2014 BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 9, 2014

JOSEPH KLEIN, ESQ. FLORIDA CONSUMER LAW PLLC 113 SOUTH MONROE STREET, 1ST FLOOR TALLAHASSEE, FL 32301

SUBJECT: JOSEPH KLEIN, CONSUMER LAW ATTORNEY PLLC

Ref. Number: L14000097269

We have received your document for JOSEPH KLEIN, CONSUMER LAW ATTORNEY PLLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of MGRM being added.

Please return your document, along with a copy of this letter, within 60 days for your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 014A00019184

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

JOSEPH KLEIN, CONSUMER LAW ATTORNEY PLLC

SUBJECT: Name of Limited Liability Company

The enclosed Articles of Amendment and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Klein, Esq.

Name of Person

Florida Consumer Law PLLC

Firm/Company

113 South Monroe Street, First Floor

Address

Tallahassee, Florida 32301

City/State and Zip Code

josephklein.law@gmail.com

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

For further information concerning this matter, please call:

Joseph Klein

ູ, 850,

503-0666

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

JOSEPH KLEIN, CONSUMER LAW ATTORNEY PLLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		, , ,,				
The Articles of Organization for this Limited Liability Company		were filed on 06/17/2014		_ and a	ssigne	d
Florida document number <u>L14000097269</u>	<u>'</u>					
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:			•	
Florida Consumer Law PLLC						
The new name must be distinguishable and end with the	words "Limited Liab	oility Company," the designation "LI	.C" or the abbre	eviation		.,,
Enter new principal offices address, if applicable:		113 South Monroe S	treet	erer De e True 33	2014	-
(Principal office address MUST BE A STREET ADDRESS)		First Floor			SEP	
		Tallahassee, FL 3230)1		- 	Amines
			, .	<u> </u>	-	* 2215 MG
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		113 South Monroe S	treet	70	PH	2
		First Floor		22		14 852
		Tallahassee, FL 323	01	:5-1 H	$\overline{\omega}$	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	is, <u>enter the</u>	e name	e <u>of t</u>	he nev
No Post of LOSS Addition	113 South	Monroe Street, First F	loor			
New Registered Office Address:	Enter Florida street address					
	Tallahassee Florida		lorida 3230	, 32301		
		City		Zip Cod	le	
New Registered Agent's Signature, if changing	Registered Agent:					
I hereby accept the appointment as registere	ed agent and agr	ree to act in this capacity. I fi				

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

Page 1 97 3

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:

<u>Title</u>	Name	Address	Type of Action		
MGRM	Joseph Klein	113 South Monroe Street			
	. • • • •	First Floor	Chan Remove On		
		Tallahassee, FL			
			D Add		
			☐ Remove		
			Add S		
			-8 PH 1:		
			——第44·13		
			□ Remove		
	·		☐ Add		
			☐ Remove		
			- 		
- -					
			□ Remove		

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
,			
		. •	
E.	Effective date, if other than the date of filing:		
	Dated August 28 2014		
	Jank Klein:		
	Signature of a member or authorized representative of a member		
	Joseph Klein Typed or printed name of signee	_	
		2014 SEF	T
		0 TO	
		H 主	200

Page 3 of 3

Filing Fee: \$25.00