## #1/4000/55548

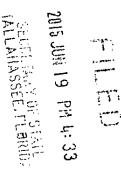
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UN 22 2015



June 9, 2015

PETERSON, BALDOR & MARANGES, PLLC MICHAEL P PETERSON 8000 SW 117TH AVE, STE. 206 MIAMI, FL 33183

SUBJECT: PETERSON, BALDOR & MARANGES, PLLC

Ref. Number: L14000155548

We have received your document for PETERSON, BALDOR & MARANGES, PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

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

Karen A Saly Regulatory Specialist II

Letter Number: 815A00012106

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## **COVER LETTER**

TO:

**Registration Section** 

articles of a	Amendment and fee(s) are sub	ted Liability Company nitted for filing.			
	Amendment and fee(s) are sub				
		nitted for filing.			
ll correspoi	ndence concerning this matter t				
	indende concerning this matter	to the following:			
	Michael P. Peterson				
		Name of Person			
	Peterson, Baldor & Marang	ges, PLLC			
	Firm/Company				
	8000 SW 117th Avenue, S	uite 206			
		Address	· · · · · · · · · · · · · · · · · · ·		
	Miami, Florida 33183				
		City/State and Zip Code	<del></del>		
	michael@pbmlegal.net				
ormation co		-	ication)		
terson	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	305 270-3773			
Name of Person		Area Code Daytime	e Telephone Number		
heck for th	e following amount:				
ing 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)		
Registr Divisio P.O. Bo	ation Section n of Corporations ox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	en Pations		
t	ormation corerson  Name of the MAILI Registr Divisio P.O. Bo	Michael P. Peterson  Peterson, Baldor & Marang  8000 SW 117th Avenue, S  Miami, Florida 33183  michael@pbmlegal.net  E-mail address: (normation concerning this matter, please caserson  Name of Person  heck for the following amount:  ng Fee  \$30.00 Filing Fee &	Peterson, Baldor & Maranges, PLLC  Firm/Company  8000 SW 117th Avenue, Suite 206  Address  Miami, Florida 33183  City/State and Zip Code  michael@pbmlegal.net  E-mail address: (to be used for future annual report notif  primation concerning this matter, please call:  erson  Name of Person  Area Code  Daytime  Area Code  MAILING ADDRESS:  Registration Section Division of Corporations P.O. Box 6327  Name of Person  STREET/COURI Registration Section Division of Corporations P.O. Box 6327  City/State and Zip Code  Address  Address		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2015 JUN 19 PK 4:33
TALLAHASSEE, FLORID,

Peterson, Baldor & Maranges, PLLC

company has been notified in writing of this change.

(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 Compa	any were filed on and assigned		
Florida document number L14000155548			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company here:		
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	8000 SW 117th Avenue		
(Principal office address MUST BE A STREET ADDRESS	Suite 206		
***************************************	Miami, Florida 33183		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered	d office address on our records, enter the name of the new		
registered agent and/or the new registered office address	<u>here</u> :		
Name of New Registered Agent:			
New Registered Office Address: 8000 SW 1	17th Avenue, Suite 206		
Ten registores officer radioss.	Enter Florida street address		
Miami	, Florida 33183		
<del></del>	City Zip Code		
New Registered Agent's Signature, if changing Registered Ag	ent:		
provisions of all statutes relative to the proper and comp	agree to act in this capacity. I further agree to comply with the elete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is ffice address, I hereby confirm that the limited liability		

If Changing Registered Agent Signature of New Registered Agent

Page 1 of 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: FILED MGR = Manager 2015 JUN 19 PM 4: 34 AMBR = Authorized Member Type of Action **Address Title Name** SECKLIARY OF STATE TALLAHASSEE, FLERID! □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove □ Change □ Add \_□ Remove \_□ Change \_□ Add □ Remove \_□ Change \_□ Add ☐ Remove ☐ Change \_ \Backsquare Add ☐ Remove

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ective date, if	other than the date of filing:	(op)	tional)
effective date is l te: If the date in	sted, the date must be specific and cannot be prior to serted in this block does not meet the applicable date on the Department of State's records.	date of filing or more than 90 days aft	er filing.) Pursuant to 605.02
record specil he 90th day	ies a delayed effective date, but not a after the record is filed.	an effective time, at 12:01	a.m. on the earlier
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Page 3 of 3

Filing Fee: \$25.00