L14000 16/663

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Zeig 1	-aw Sigm, LL	_
<u> </u>	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
For further information of	3475 She	Name of Person Firm/Company er, Jan Shert Address FL 23 C31 City/State and Zip Code Zeig La J F, Crn. L L C To be used for future annual report noti all:	
	CD.	at ()	e Telephone Number
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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)
	ING ADDRESS: ration Section	STREET/COURI Registration Section	
Divisio	on of Corporations ox 6327	Division of Corpor	
	ox 6327 assee, FL 32314	Clifton Building 2661 Executive Ce Tallahassee, FL 32	
,		rananassee, FL 32	CV1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Leig L	-aw Firm, LLC
(Name of the Limited	
The Articles of Organization for this Limited Liab Florida document number	bility Company were filed on $\frac{1016204}{663}$ and assigned
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of t	the limited liability company here:
·	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble: 3475 Sheridan Street, Snite 310
(Principal office address MUST BE A STREET	ADDRESS, HOLLYWOOD, FL 33021
•	
	2475 (1.24 (1.24)
Enter new mailing address, if applicable: (Mailing address MAV RE A POST OFFICE By	1000 Hollywood FL 33021
(Mailing address MAY BE A POST OFFICE B	10117 WOOE , 72 3 3 C = 1
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, enter the name of the new ice address here:
New Registered Office Address:	3475 Shecidan Street, Swife 310
	EMC PRIMA SIFECT IMATES
	HOLLYWOSS Florida 33021 Zip Code
New Registered Agent's Signature, if changing Re	•
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registered.	agent and agree to act in this capacity. I further agree to comply with the rand complete performance of my duties, and I am familiar with and tered agent as provided for in Chapter 605, F.S. Or, if this demant is egistered office address, I hereby confirm that the limited-liability

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name 1	Address	Type of Action
	1		
	l		☐ Remove
			☐ Change
			□ Remove
			☐ Change
		/	Remove
			☐ Change
			□ Remove
			Change
			Addition Remove
			Change 3:
			□ Remove
	l i		Change

	<u> </u>
-	
	— ;
	1
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_	/
ffective an effec	e date, if other than the date of filing:
<u>Sote:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 0th day after the record is filed.
1110 3	
ated _	August 2 2017.
	1 Cours Aug
	Signature of a member of authorized representative of a member

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Filing Fee: \$25.00