11400180062

_
_
_
_
_
_

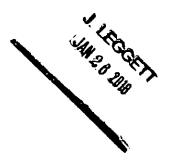
Office Use Only



000305393320

01/09/18--01025--002 **25.00

18 JAN 25 PH 2:5





January 10, 2018

GERMAN MORALES 721 NE 3RD AVE SUITE 1 FT LAUDERDALE, FL 33304 US

SUBJECT: MORALES & GOLDSTEIN, LLC

Ref. Number: L14000180062

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

The specific purpose of the entity must be set forth in the document.

Please return the corrected original and one copy of 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.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 318A00000631

JAN 2 6 2018

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: Horo	ales & G	goldstein	<u> </u>
	Name of Limit	ted Liability Company	
The enclosed Articles of Ar	nendment and fec(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter t	o the following:	
	Germo	in Morales	
	Name of Limited Liability Company See of Amendment and fee(s) are submitted for filing. Sepondence concerning this matter to the following: German Horalo Name of Person Horalo & Goldstein Firm/Company 121 VE 3rd Ave Stein Address Ft. Jouder Stein Flore City/State and Zip Code gmorals @ Jaugmorals con E-mail address: (to be used for future annual report notification) on concerning this matter, please call: Horal Area Code Daytine Telephone Number or the following amount:		
	Horabo	& Goldstein	·
		Firm/Company	
	421 VE 3	and Ave ste. 1	_
		Address	
	Ft. Joude	-dch FT 33=0	1
		·	
	E-mail address: (to	o be used for future annual report notification	on)
orther information con	cerning this matter, please ca	II:	
serman 1	foral	at (954) 374-111	1
Name of P	erson	Area Code Daytime Tel	ephone Number
d is a check for the	following amount:		
00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FŁ 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

c 11. +20 (10

	201021CIT 0
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company lorida document number 140015062.	were filed on
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	pility company here:
Morales, Goldstein & Bar	ducci, PIIC
he new name must be distinguishable and contain the words "Limited Liabi	
Inter new principal offices address, if applicable:	160 SE 12Th St. Ste. 300 Tt. Jander July JF1 33316
Principal office address MUST BE A STREET ADDRESS)	Ft. Landerdale, FI 33316
tter new mailing address, if applicable: **Indianal Control of the Indiana	150 GE 12Th Gt. Gte. 300 Ft. darderdale, Fl 33316
If amending the registered agent and/or registered o istered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the ne</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Floride street address
	Florida F
	City :- Zip Code
Registered Agent's Signature, if changing Registered Agent:	三 星 〇

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and it the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability any has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
My	Contanza Portici	FLINE 3rd Ave. Fd. 4 Ft. duderdule, Fl 33304	🗖 Add
		Ft. dederdule, Fl 33304	☐ Remove
			Change
			
			Remove
			Change
			🖸 Add
			Remove
			☐ Change
			🗆 Add
			□ Remove
			Change
			Add
			Remove
			Change
_	**************************************		🗆 Add
			Remove
			Change

	Jesal	Servi	ces /1	aw Fir	m		
•				<u> </u>			_
							_
							_
							~
				 .			_
							-
							_
		<u> </u>					-
			 _	 -			-
	-						_
							-
-	· <u>-</u>						-
							-
			·				
			•				-
							-
<u>iote:</u> If tl	date, if other than e date is listed, the date ne date inserted in thi s effective date on th	s block does not	meet the applica	to date of filing or a	(opti more than 90 days afte ng requirements, thi	ional) i filing.) Pursuant to 60: s date will not be list	5,0207 (3) ted as the
	l specifies a dela th day after the i			an effective	time, at 12:01	a.m. on the earli	er of:
ited			. •	<u>.</u> .			
		Signature of a	i member or autho	rized representativ	e of a member		
			Typed or printe	d name of signee			

Page 3 of 3

Filing Fee: \$25.00

		- 			

 			······································		
<u>-</u>					
					
					
					ထ
					
		•			25
					- P
				L ORE	?
					55
		 	-		
anathina an an tarah	her than the date of filin	~	· Ast Dola		
effective date is list	ed, the date must be specific and	d cannot be prior to da	to of filing or more than 90	days after filing.) Purs	
	erted in this block does not r date on the Department of S		statutory filing requirer	nents, this date will	not be listed
record specifie	es a delayed effective o	date but not an	effective time, at	12:01 a.m. on t	he earlier
	fter the record is filed.		checking time, at	22.01 0	ine carner
	1				
ed <u>O 1</u>	104	, <u>2013</u> .			
		$\overline{}$	\bigcirc		
	Beileigh	autox	\mathcal{D}		
	Cignature of a	member or authorised	Pepresentative of a memb	ner	

Page 3 of 3

Filing Fee: \$25.00