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MAY 20 2016

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE LAW OFFICE OF ADAM LUSTHAUS, PLLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

ADAM LUSTHAUS

Name of Person

THE LAW OFFICE OF ADAM LUSTHAUS, PLLC

Firm/Company

370 Camino Gardens Blvd., Suite 343

Address

Boca Raton, FL 33432

City/State and Zip Code

adam@adamllaw.com

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

For further information concerning this matter, please call:

Adam Lusthaus

561

430-5708

at (_____) _____

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2016

ADAM LUSTHAUS
370 CAMINO GARDENS BLVD SUITE 343
BOCA RATON, FL 33432 US

SUBJECT: THE LAW OFFICE OF ADAM LUSTHAUS, PLLC
Ref. Number: L14000181418

RECEIVED
2016 MAY 17 PM 1:44
DIVISION OF STATE
TALLAHASSEE, FLORIDA

We have received your document for THE LAW OFFICE OF ADAM LUSTHAUS, 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):

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 316A00009002

COVER LETTER

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Name of Person

at (_____) _____

Area Code

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(additional copy is enclosed)

☐ \$60.00 Filing Fee,
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Certified Copy
(additional copy is enclosed)

*Parasys
provided.*

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**

THE LAW OFFICE OF ADAM LUSTHAUS, 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 11/24/2014 and assigned
Florida document number L14000181418.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LUSTHAUS LAW GROUP, PLLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
City 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 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

Title

Name

Address

Type of Action

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

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TALLAHASSEE, FLORIDA

other information, enter change(s) here: (Attach additional sheets, if necessary.)

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16 MAY 18 PM 12:35
CLERK OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

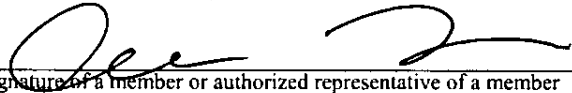
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 12, 2016


Signature of a member or authorized representative of a member

Adam Westhaus
Typed or printed name of signee