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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MORAITIS, COFAR, KARNEY & MORAITIS

Account Number : 119990000033 Phone : (954)563-4163 : (954)563-5913 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DANIEL AND DEBRA POST, PLLC

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Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe

13:01 Moraitis, Cofar, Karney & Moraitis

5/2/2016 9102/20/50

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DANIEL AND DEBRA POST, PLLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on November 26, 2014	and assigned
Florida document number L14000182919		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
DANIEL ANTHONY POST, PLLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	(S)	18 FE
		至 至常
•		2 SS 32
Enter new mailing address, if applicable:		
(Mailing address MAX BE A POST OFFICE BOX)		T to
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		—————————————————————————————————————
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		iter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
·	, Florida	A
	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

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 = MAMBR = A	anager uthorized Member		
Title	Name	Address	Type of Action
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N Si	gnature of a member or au	thorized representative of	a member	
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Daniel Post				

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