## L14000191139

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PICK-UP	☐ WAIT	MAIL
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SEURETARY OF STATE PALLAHASSEE, FLORIDA

K.SALY EXAMINER JAN 12

## **COVER LETTER**

. Divi	sion of Corp	porations		
SUBJECT:		, Briefman, Gardner & Thoma	as, CPAS, PLLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Mark Briefman, CPA		
			Name of Person	<del> </del>
		Lichtenstein Briefman Gar	dner & Thomas PLLC	
			Firm/Company	
		2501 S Tamiami Trail		
		•	Address	
		Sarasota, FL 34239		
			City/State and Zip Code	
		mbriefman@Lbgcpa.com		
		E-mail address: (i	to be used for future annual report notifi	cation)
For further in	formation co	oncerning this matter, please ca	all:	
Mark Briefm	an		941 366-3737 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
<b>■</b> \$25.00 Fi	ling 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:

TO:

**Registration Section** 

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

2016 JAN 11 PM 3: 14

Lichtenstein, Briefman, Gardner & Thomas, CPAS, 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 12/11/2014 and assigned Florida document number \_\_\_\_\_L14000191139 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Lichtenstein, Briefman, Gardner & Thomas, PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida \_

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:				
MGR = N	1		2016 JAH 11 PH 3: 14 SECRETARY OF STATE ALLAHASSEE, FLORID	
<u>Title</u>	<u>Name</u>	Address	SECRETARY OF STATE	Type of Action
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Filing Fee: \$25.00