LISOOCIO UTB

(Requestor's Name)	
	Address)	
,	, laurecoo _j	
	Address)	
	City/State/Zip/Phone #)	
T PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
,	Dusiness Littly Hamey	
	Document Number)	
Certified Copies	Certificates of S	Status
	<u> </u>	
Special Instructions	to Filing Officer:	
	-	

Office Use Only



600299356106

05/25/17--01008--003 **25.00



MAY 25 2017 - SHIVERS

COVER LETTER

Divi	ision of Corp	orations				
SUBJECT:		TZ LAW GROUP, PLLC				
SUBSECT.		Name of Limi	ted Liability Company			
The enclosed	Articles of A	amendment and fee(s) are subr	mitted for filing.			
Please return	all correspon	dence concerning this matter t	to the following:			
		Reuven Moskowitz				
Name of Person						
MOSKOWITZ LAW GROUP, PLLC						
Firm/Company						
1060 NE 180th Terrace						
Address						
		North Miami Beach, Florida, 33162				
City/State and Zip Code						
lhg@parkvestgroup.com						
		E-mail address: (t	to be used for future annual report notific	cation)		
For further in	nformation co	oncerning this matter, please ca	all:			
Reuven Mos			732 861-2070 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for th	e following amount:				
■ \$25.00 F	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:

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

MOSKOWITZ ŁAW GROUP, PLI	_C				
(Name of the Limit	ed Liability Compa (A Florida Limited)	i <mark>ny as it now appears on our recor</mark> e Liability Company)	<u>is.</u>)		
The Articles of Organization for this Limited L Florida document number L15000000473	ability Company	were filed on 01/02/2015		_ and ass	signed
This amendment is submitted to amend the follows:	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC	C" or the abbre	viation "L.	L.C."
Enter new principal offices address, if applicable:		1060 NE 180th Terrace			
(Principal office address MUST BE A STREET ADDRESS)		North Miami Beach, Florida,	33162		
Enter new mailing address, if applicable:		1060 NE 180th Terrace		17 M	
(Mailing address MAY BE A POST OFFICE BOX)		North Miami Beach, Florida.	33162	- - 2 25	1 W
B. If amending the registered agent and registered agent and/or the new registered of			s, enter th	е пате	of the ne
Name of New Registered Agent:	Reuven Moskowitz				
New Registered Office Address:	1060 NE 180th	Terrace Enter Florida street addre	S.S		
	North Miami B		lorida <u>33162</u>	<u>2</u>	
		City,	orida	Zin Coda	

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		
<u>Title</u>	Name	Address	Type of Action
			
			☐ Remove
			Change
			
			Remove
			□ Remove
			□ Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			□ Change

					-
	 	 			_
					_
					-
					-
		 			-
	 				-
	 	 			-
					-
		 	* Migh		_
	 	 		17	_
				MAY	
			\$2.50 \$2.50 \$4.50	25	
	 			Î.	
	 			<i>∵</i> •	- *:
	 	 		<u> </u>	-
	 				_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00