

L15000014496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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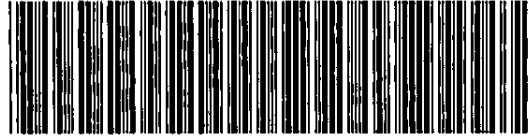
(Business Entity Name)

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15 SEP 11 AM 10:56
CLERK OF COURT
HARRIS COUNTY, TEXAS

SEP 14 2015
J SHIVERS

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Thomas Mitchell & Associates, LLC
6750 N. Andrews Avenue
Suite 200
Fort Lauderdale, Florida 33309
954-599-7248
tdieters@thomasmitchellassociates.com

August 9, 2015

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Division,

Enclosed, please find the form to amend the Articles of Organization of a Florida Limited Liability Company and check in the amount of \$60.00 for the appropriate fees.

Along with making Thomas Mitchell & Associates, LLC a single member LLC, I am also requesting that the word "Associates" be spelled correctly from the original submission. The official address has also changed.

Should you have any questions, please feel free to write, call or email me. Thank you for your time.

Respectfully,



Thomas E. Dieters
President

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Thomas Mitchell Associates, LLC

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:

Thomas E. Dieters

Name of Person

Thomas Mitchell Associates, LLC

Firm/Company

2580 S.E. 5th Street

Address

Pompano Beach, FL 33062

City/State and Zip Code

tdieters@thomasmitchellassociates.com

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

For further information concerning this matter, please call:

Thomas E. Dieters

954 599-7248
at () _____
Area Code Daytime Telephone Number

Name of Person

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Thomas Mitchell Associates, LLC

(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 January 26, 2015 and assigned
Florida document number L15000014490.

This amendment is submitted to amend the following:

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

Thomas Mitchell Associates, LLC

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)

6750 N. Andrews Avenue

Suite 200

Fort Lauderdale, FL 33309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6750 N. Andrews Avenue

Suite 200

Fort Lauderdale, FL 33309

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Mitchell E. Koster	281 Atlantis Circle	<input type="checkbox"/> Add
		Oxford, MI 48371	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This LLC is now a single member LLC. The name changed slightly to correct the original misspelling of "Associat

15 SEP 11 THU: 56

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 August 9, 2015

Thomas C. Dutman

Signature of a member or authorized representative of a member

Thomas E. Dieters

Typed or printed name of signee