

L15000103003

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2015 AUG 20 P 4: 23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 21 2015  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 13, 2015

CAROLINE GIANNONE  
ONE INDEPENDENT DRIVE, SUITE 3306  
JACKSONVILLE, FL 32202

SUBJECT: ZISSER BYLUND, PLLC  
Ref. Number: L15000103003

We have received your document for ZISSER BYLUND, PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 215A000029

2015 AUG 20 P 4: 23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Zisser Bylund, 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:

Caroline Giannone

Name of Person

Zisser Law, PLLC

Firm/Company

One Independent Drive Suite #3306

Address

Jacksonville, FL 32202

City/State and Zip Code

cgiannone@zisser.net

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

For further information concerning this matter, please call:

Caroline Giannone at (904) 353-3222  
Name of Person Area Code Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 AUG 20 P 4: 23

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Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Zisser Bylund, 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 8-3-15 and assigned  
Florida document number 115000103003.

This amendment is submitted to amend the following:

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

Zisser Law, 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

City

Florida

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>
MGR	Elliot Zisser	One Independent Drive Jacksonville FL 32202	<input checked="" type="checkbox"/> Add #3300 <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jonathan Zisser	One Independent Drive #3304 Jacksonville, FL 32202	<input checked="" 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"/> Change

FILED  
2018 AUG 20 P 14:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2015 AUG 20 P 4: 23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2019 AUG 20 P 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.

Dated August 19 2015

Signature of a member or authorized representative of a member

Elliot Lissner

Typed or printed name of signee