Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE KOSER GROUP, PLLC

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K. SALY EXAMINER OCT 22 2015

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Corporate Filing Menu

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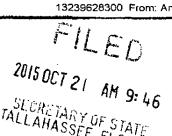
COVER LETTER

10.			Corporations		
SUBJEA		THE	KOSER GROUP,	PLLC	
SUBJEA	CI; _			nited Liability Company	
The engl	losed a	Articles	of Amendment and fee(s) are sub	omitted for filing.	
			spondence concerning this matter	_	
			Cheyenne Moseley		,
				Name of Person	
			Legalzoom.com, Inc.		
	Firm/Company				
			100 W. Broadway Suite	: 100	
				Address	
			Glendale, CA 91210	Glendale, CA 91210	
				City/State and Zip Code	
		•	samira@kosergroup.com	to be used for future annual rep	ort parification)
P 6t				•	on gomeanon)
POT TUTLE	ier inti	omation	econcerning this matter, please o	alt:	
lmelda	Vasq	uez		at ()	3600 ext 7950
		Nam	e of Person	at ()	Daytime Telephone Number
Enclosed	1 is a c	heck for	r the following amount:		
☐ \$25.6	00 Fili	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	(additional copy is enclosed)
		MAJ	LING ADDRESS:	STREET/C	OURIER ADDRESS:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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



THE KOSER GROUP, 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	y Company were filed on 8/24/15	and assigned
Florida document number L15000144679	•	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	inited liability company here:	
Samira Koser, PLLC		
The new name must be distinguishable and end with the words *	'Limited Liability Company," the designation "LLC"	or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET AD	DRESS)	
		<u>, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or represent and/or the new registered office as	,	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		·······
	Emer Florida street address	
	, Flor	
	City	Zip Code

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

MGR = Manager

if amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = A	Authorized Member		·
<u>Title</u>	Name	Áddress	Type of Action
			□ Add
			□ Remove
			
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I	Dated .	10/1	9/2015		,	'	
			~	Luni	ca-16 k	GOU zed representative of a na	mber
				Signatur O	Samira		
					Typed or printed	name of signee	

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