

L16000072149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600283207236

05/02/16--01024--016 **25.00

FILED
2016 MAY -2 P 2:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 04 2016

S MASON

STERN KEISER & PANKEN, LLP

ATTORNEYS AND COUNSELORS AT LAW

1025 WESTCHESTER AVENUE SUITE 305

WHITE PLAINS, NEW YORK 10604

TEL. (914) 428-8800 FAX. (914) 428-3199

www.skpllp.com

LAURENCE KEISER
ANDREW I. PANKEN
DAVID M. STERN*
KELLEY T. MIKULAK
SUSAN HEGQUIST ACCETTA**

JAMIESON L. KEISER***
DAVID B. AUGENBAUM**

OF COUNSEL
JUDITH B. KUNREUTHER

NEW YORK CITY OFFICE
60 EAST 42ND STREET
46TH FLOOR
NEW YORK, N.Y. 10165
(212) 370-5970

CONNECTICUT OFFICE
15 VALLEY DRIVE
GREENWICH, CT 06831
(203) 531-7060

April 28, 2016

*NY, CO BARS
**NY, NJ BARS
***NY, CT BARS

Via Fed Ex

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


RE: 5192 West Irlo Bronson, LLC
File Number: L16000072149

Dear Mr. Sir/Madam:

Enclosed herewith please find an executed Articles of Amendment to Articles of Organization for the above-captioned limited liability company, along with check number 3033 in the amount of \$25.00 representing the filing fee. Once filed, please return receipt to my attention using the enclosed self-addressed stamped envelope.

If you have any questions, or if there are any problems, kindly contact me at (914) 428-8800.

Sincerely,


Margo Symeon
Paralegal

MS
Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 5192 WEST IRLO BRONSON, 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:

MARGO SYMEON, PARALEGAL

Name of Person

STERN KEISER & PANKEN, LLP

Firm/Company

1025 WESTCHESTER AVENUE, SUITE 305

Address

WHITE PLAINS, NY 10604

City/State and Zip Code

geoff.gray@carepaths.com

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

For further information concerning this matter, please call:

MARGO SYMEON

914 428-8800

at ()

Name of Person

Area Code

Daytime Telephone Number

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**

5192 WEST IRLON BRONSON, 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 04/12/2016 and assigned Florida document number L16000072149.

This amendment is submitted to amend the following:

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

5184 WEST IRLO BRONSON, LLC

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

City, 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>
	N/A		<input type="checkbox"/> Add
			<input 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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input 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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2011 MAY 2 P 2: 28
 CLERK OF STATE
 TALLAHASSEE, FLORIDA
 FILED
 REMOVE
 CHANGE

