2016-08-11 13:06 8/11/2016

KTL Fax 3055571934 >> 850-617-6381 Division of Corporations

P 1/4

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000198056 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KRAVITZ TALAMO & LEYTON, LLP

Account Number : I20150000096 Phone : (305)558-5300 Fax Number : (305)557-1934

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KRAVITZ TALAMO & LEYTON, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	03 :
Estimated Charge	\$25.00

,	<u>دی</u>	
7.0		-
	ALIG.	
10 2	1.0	1
, zo		i Very
To.	_	T
E PES	\triangleright	
STATE	ج	
黑色	_	
C M	œ,	

Electronic Filing Menu

Corporate Filing Menu

Help

S Warren

AUG 1 2 2016

KTL Fax 3055571934 >> 850-617-6381 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Krayitz Tale	anno & Leyton, LL Liability Company as it now appears on a Florida Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liab Florida document number \(\bigcup_{\infty} \frac{\infty}{\infty} \frac{\infty}{\i		20 2016 and assigned	
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	e limited liability company here:		
Kravitz Talamo & Ley. The new name must be distinguishable and contain the word	ton, PLLC.	(1/ 04)	
The new name must be distinguishable and contain the werd	is "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)	<u> </u>	
		90 E	
Enter new mailing address, if applicable:		ST &	
(Mailing address MAY BE A POST OFFICE BO			
IMBILIAR BURESS MAT DE A POST OFFICE BU	<u> </u>	7	
B. If amending the registered agent and/or registered agent and/or the new registered offic		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	cet address	
	, Florida		
	Clty	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

2016-08-11 13:07 KTL Fax 3055571934 >> 850-617-6381 P 3/4
x1 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

Title	Name	Address	Type of Action
- VARIANTA ANTONIO	***************************************		D Add
			□ Remove
		***	☐ Change
- Linguista			Add
			Remove
			☐ Change
			Add
			□ Remove
			Change
			D Add
			□ Remove
			☐ Change
			D Add
		المارة ا	☐ Remove
		agon digital or i	Change
Proposition of the second			□ ÞģĀ
		-71	Remove
		TE A	Change

2016-08-11 13:07 D. 11 amending any ott		Fax 3055571934 >> 850-61 lange(s) here: (Attach additional s)		P 4/4
Change	to hame	are being ma	de provont	_
· · · · · · · · · · · · · · · · · · ·		of the Florida B		
Parsiner	s Entities.	Foras which law	eles son	-
		r.	•	
The	outy mon	e To being Co	rrected to	
_Kraui	tz Talanno	Leyton, PLLC.		<u>.</u>
				•
				-
				-
				_
4				-
		,		-
E. Effective date, if oth	er than the date of filing	g: cannot be prior to date of filing or more than	(optional)	5.0207 (3)(6
Note: If the date insc	rted in this block does not n dute on the Department of S	teet the applicable statutory filing requ	irements, this date will not be lis	ted as the
	s a delayed effective of ter the record is filed.	ate, but not an effective time,	at 12:01 a.m. on the earl	ler of:
Dated Augu	15+ II	2016	the section of the se	
	Signature of a	member or authorized representative of a m	31	
		•	ember 3	ì
	wier lale	Typed or printed name of signce		3
		Page 3 of 3	STATE STATE	
		Filing Fee: \$25.00	• · · · · · · · · · · · · · · · · · · ·	