

LP7000037048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

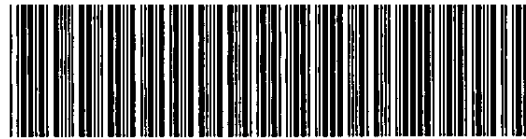
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APR 06 2017
S. YOUNG

17 MAR 17 PM 3:26

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2017

MICHAEL NEWMAN
LAW OFFICES OF MICHAEL NEWMAN, PLLC
6919 MONTREAL DRIVE
LAKELAND, FL 33810

SUBJECT: LAW OFFICES OF MICHAEL NEWMAN, LLC.
Ref. Number: L17000037048

We have received your document for LAW OFFICES OF MICHAEL NEWMAN, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 317A00005266

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2017 APR -5 AM 11:38
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March 15, 2017

To: Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Amend the Name of Organization of a Florida Limited Liability Company

To whom it may concern,

Please see the enclosed completed Amendment to amend the name of a Florida Limited Liability Company. The current name of the LLC is: Law Offices of Michael Newman, LLC. This will need to be amended to show the name as: Law Offices of Michael Newman, PLLC. Please see the enclosed \$25.00 Filing Fee for this Amendment as well. Please see my return address and daytime telephone number below.

Thank you,

Michael Newman
6919 Montreal Dr.
Lakeland, FL 33810
863-266-8549

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

Law Offices of Michael Newman, 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 02/15/2017 and assigned Florida document number L17000037048.

This amendment is submitted to amend the following:

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

Law Offices of Michael Newman, 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)

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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

_____, 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>
_____	_____	_____	<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

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

The specific purpose of this entity is as a
solo law firm practice

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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 March 15, 2017



Signature of a member or authorized representative of a member

Michael Newman

Typed or printed name of signee