

47000038535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2018 DEC 26 PM 4:31  
Filing Office

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JAN 09 2019

JEFFREY M. MORITZ ESQ  
3584 VALLEYVIEW DRIVE  
KISSIMMEE FL 34746

December 18, 2018

TO: REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
PO BOX 6527  
TALLAHASSEE, FL 32314

RE: AMENDMENT AS ENCLOSED for L17000038535

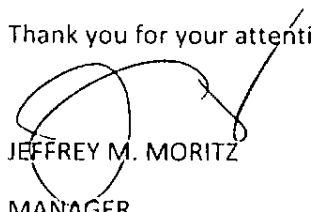
To whom it may be concerned:

I am the Manager of For My Wife FL 1 LLC, a single purpose vehicle that acquires and manages residential condominiums for its client. I was also the organizer of the LLC in February of 20017 and apparently made an administrative error in the initial filing. I am a member and the manager. The second member is FOR MY WIFE FL TWO LLC as properly described on your form enclosed.

The IRS made me aware of this in advising me that apparently I listed myself as a member twice so that the profits of losses would be listed on my schedule C of my personal filings rather than by the EIN for a LLC with two members.

I also enclose my check for \$25.00 for this amendment.

Thank you for your attention.

  
JEFFREY M. MORITZ  
MANAGER

2018 DEC 26 PM 4:31  
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FOR MY WIFE FL 1 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:

JEFFREY M. MORITZ

\_\_\_\_\_  
Name of Person

JMMESQ

\_\_\_\_\_  
Firm/Company

3584 VALLEYVIEW DR

\_\_\_\_\_  
Address

KISSIMMEE

\_\_\_\_\_  
City/State and Zip Code

FL 34746

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

For further information concerning this matter, please call:

JEFFREY M. MORITZ

917

757 5317

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

FILED  
2016 DEC 26 PM 4:31  
TALLAHASSEE, FL 32301

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

FOR MY WIFE FL 1 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 Feb 17 2017 and assigned  
Florida document number L17000038535

This amendment is submitted to amend the following:

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

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*

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>
AMBR	FOR MY WIFE FL TWO LLC	3584 VALLEYVIEW DR KISSIMMEE FL 34746	<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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2000 DEC 06 PM 4:30  
FBI  
TAMPA  
RECEIVED


2018 DEC 26 PM 4:31  
FBI - NEW YORK  
FBI - NEW YORK

FILED  
2010 DEC 26 PM 4:31  
FBI - NEW YORK

**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.

(b) The 90th day after the record is filed.

Dated DECEMBER 18, 2018

 Sign

Signature of a member or authorized representative of a member

JEFFREY M. MORITZ

Typed or printed name of signee