

L17000042274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

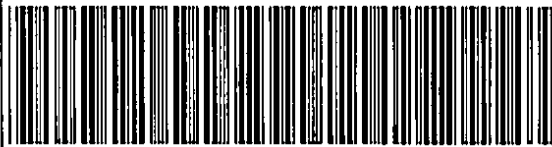
Special Instructions to Filing Officer:

Wrong form

Office Use Only

Due to a clerical error on part of this office,
document was accepted w/o specific purpose for the PLLC.
Spoke w/ Nicole Kronem at the law firm and she gave permission
to add "Practice of Law" to the document in order to be in
compliance.

Record updated by M.Milligan on 08/08/2017



200300785452

07/03/17--01016--013 **60.00

FILED
17 JUL 25 PM 1:19
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

S. WARREN

JUL 28 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2017

JOSE FONT
200 S. ANDREWS AVE, SUITE 501
FT. LAUDERDALE, FL 33301

SUBJECT: FONT & NELSON LLC
Ref. Number: L17000042274

We have received your document for FONT & NELSON LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 017A00013711

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Font & Nelson, 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:

Frantz Nelson

Name of Person

Font & Nelson, LLC

Firm/Company

200 S. Andrews Avenue, Suite 501

Address

Fort Randerdate, Florida, 33301

City/State and Zip Code

Pleadings@fontnelson.com

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

For further information concerning this matter, please call:

Nicole Kronem

Name of Person

at (954)

Area Code

248-2920

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

Font & Nelson, 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 2/22/2017 and assigned
Florida document number L17000042274.

This amendment is submitted to amend the following:

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

Font & Nelson, 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)

200 S. Andrews Avenue, Suite 501
Ft. Lauderdale, FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

200 S. Andrews Avenue, Suite 501
Ft. Lauderdale, FL 33301

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

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JUL 25 PM 19
CLERK OF
DISTRICT OF
FLORIDA

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>
4GR	Jose P. Font	200 S. Andrews Avenue	<input type="checkbox"/> Add
		Suite 501	<input type="checkbox"/> Remove
		Ft. Lauderdale, Fl. 33301	<input checked="" type="checkbox"/> Change (address)
1GR	Frantz C. Nelson	200 S. Andrews Avenue	<input type="checkbox"/> Add
		Suite 501	<input type="checkbox"/> Remove
		Fl. Lauderdale Fl. 33301	<input checked="" type="checkbox"/> Change (address)
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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STATE OF FLORIDA

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

Purpose: Practice of Law

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.

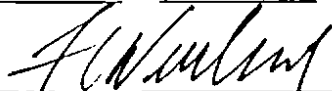
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated

July 20th

2017



Signature of a member or authorized representative of a member

Frantz C. Nelson

Typed or printed name of signer

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA