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COVER LETTER

Registration Section Division of Corporations

NIZAN ZAFRAN PLLC

3JECT:	Name of Limi	ted Liability Company	
enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
ise return all correspo	ondence concerning this matter (to the following:	
	MIRIT ZELLER		
	ORB CPA PA	Name of Person	
	1000 SOUTH STATE RD	Firm/Company	
	PLANTATION, FL 33317	Address	
	MIRIT@ORBCPA.COM	City/State and Zip Code to be used for future annual report notif	ication)
further information of	concerning this matter, please ec		
RIT ZELLER		954 362-7720	
Name o	of Person	at () Area Code Daytime	: Telephone Number
losed is a check for t	he 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

NIZAN ZAFRAN PLLC		
(Name of the Limi	ted Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>ls.</u>)
	Liability Company were filed on 07/12/2017	and assigned
da document number Li 7000149496	,	
amendment is submitted to amend the fol	lowing:	
f amending name, <u>enter the new name o</u>	of the limited liability company here:	
AN HAY PLLC		
ew name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC	or the abbreviation "L.L.C."
r new principal offices address, if appli		El g m
<u>icipal office address MUST BE A STRE</u>	ET ADDRESS)	2 F
		S . F
r new mailing address, if applicable:		<u> </u>
iling address MAY BE A POST OFFICE		X
If amending the registered agent and	l/or registered office address on our record	s, enter the name of th
tered agent and/or the new registered o		
Name of New Registered Agent:	NIZAN HAY	
New Registered Office Address:		
	Enter Florida street addre	re.
	F	lorida
	City	Zip Code

Registered Agent's Signature, if changing Registered Agent:

eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and it the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability any has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

imehding Authorized Person(s), authorized to manage, enter the title, name, and address of each person_being added removed from our records:

GR = Manager

1BR = Authorized Member

<u>e</u>	<u>Name</u>	<u>Address</u>	Type of Action
	ZAFRAN NIZAN	9014 HIRSCH CT	
BR			
		GIBSONTON, FL 33534	
			Remove
			Change
	HAY NIZAN	9014 HIRSCH CT	
IBR			A dd
		GIBSONTON, FL 33534	
			☐ Remove
			Change
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ive date, if other than the	ne date of filing: nust be specific and cannot be pr	ior to date of films or	option (option	al) ing a Pursuant to 605.01
If the date inserted in this	block does not meet the app	licable statutory fili	ng requirements, this d	ate will not be listed
nent's effective date on the	Department of State's recor	ds.		
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cord specifies a delay e 90th day after the re	ed effective date, but i ecord is filed.	not an errective	ume, at 12:01 a.f	n. on the earter
11/18	. 2019	·		
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	Signature of a member or a	The state of the s		
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Page 3 of 3

Filing Fee: \$25.00