# L17000243457

(Re	equestor's Name)	
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# **COVER LETTER**

Division of C	orporations
SUBJECT:	Edelboim Revah Oshinsky PLLC
SUBJECT.	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corres	pondence concerning this matter to the following:
	Jeffrey Oshinsky
	Name of Person
	Edelboim Lieberman Revah Oshinsky, PLLC
	Firm/Company
	20200 W. Dixie Highway, Suite 1203
	Address
	Aventura, FL 33180
	City/State and Zip Code
	jeff@elrolaw.com
	City/State and Zip Code  jeff@elrolaw.com  E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, piease can.
Jeffrey Oshinsky	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 & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

MAILING ADDRESS:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Edelboim Reval	Oshinsky, PLLC				
( <u>Name of the Limited Liability Ce</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)				
The Articles of Organization for this Limited Liability Comp Florida document number <u>L17000243457</u> .	pany were filed on November 28, 2017	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company here:				
Edelboim Lieberman Revah Oshinsky, PLLC					
The new name must be distinguishable and contain the words "Limited l	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	S)				
		<del></del>			
F-4	ַלֵּ				
Enter new mailing address, if applicable:	<del></del>	O): Comm			
(Mailing address MAY BE A POST OFFICE BOX)		22 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2			
	j				
B. If amending the registered agent and/or registere	· · · · · · · · · · · · · · · · · · ·	the name of the new			
registered agent and/or the new registered office address	nere:	p. <b>4.</b>			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
<del></del>	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>	Address	Type of Action
MGR	Brett D. Lieberman	20200 W. Dixie Highway	■ Add
		Suite 1203	□ Remove
		Aventura, FL 33180	☐ Change
•			□ Add
			Remove
	<del></del>		Add
			□ Remove
		Change AHASSEY	
			AHASSEE, FLORIDA
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Effective date, if other that fan effective date is listed, the dinote: If the date inserted in document's effective date on	this block does no	ot meet the appl	icable statutory	or more than 90 da filing requirement	ys after filing.)	Pursuant t	o 605.020° e listed as
ne record specifies a de The 90th day after th			ot an effecti	ve time, at 12	2:01 a.m. o	n the e	arlier o
Dated March 19		2018					
		with	1183/				
	Signature o	va member or aut	horized represent	ative of a member			_
	/	' / /					

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Filing Fee: \$25.00