1800014	
(Requestor's Name)	
(Address)	
(Address)	200320387862
(City/State/Zip/Phone #)	
(Business Entity Name)	11/07/1801008019 ++25.00
(Document Number)	
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Division of Corporations

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

· · ·	,	COVER LETTER	
TO: Registration S Division of C			
Feigelis 8	e Goldberg LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
	pondence concerning this matter	-	
	Barry Haimo, Esq.		
		Name of Person	
	Haimo Law		
		Firm/Company	<u>}</u>
	8201Peters Road, Suite 10	00	
		Address	
	Plantation, FL 33324		l
		City/State and Zip Code	
	barry@haimolaw.com		
		to be used for future annual report notific	uation)
For further information	concerning this matter, please e	all:	
Barry Haimo, Esq.		954 228-3369	, I
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
S25.00 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)

STREET/COURIER ADDRESS:

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

DocuSign Envelope ID: BB888BE53-49F2-45D7-8CE2-38125A3DEBEE ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Feigelis & Goldberg LLC (<u>Name of the Lim</u>	ited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) ompany)	
The Articles of Organization for this Limited I Florida document number <u>L18000244601</u>	Liability Company were file	ed on <u>10/17/2018</u>	and assigned
This amendment is submitted to amend the fol	lowing:	ļ	
A. If amending name, <u>enter the new name</u>	of the limited liability com	ipany here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liability Compa	ary." the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:	<u>N/A</u>		
<u>(Mailing address MAY BE A POST OFFICI</u>	<u>: BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered of		lress on our records, enter	State of F
Name of New Registered Agent:	N/A		
	4286 NW 60th Drive		FLOIR
New Registered Office Address:	4280 (WW 0000 10110C		
New Registered Office Address:		Enter Florida street address	RIOL FI
New Registered Office Address:		Enter Florida street address , Florida 3	

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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I.

DocuSign Envelope ID: BB88BE53-49F2-45D7-8CE2-38125A3DEBEE In amending Authorized rerson(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added</u> or removed from our records:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
		N/A	
			Q Add
			Remove
			Change
		N/A	🗆 Add
		N/A	
	·		🗆 Add
			Remove
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	Pag	e 2 of 3	

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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.

November 1, 2018 8:45 PM EDT	
DocuSigned by:	
Signature of a member or authorized representative of a member	<u>_</u>
Amy Goldberg	
Typed or printed name of signee	
Page 3 of 3	
Filing Fee: \$25.00	