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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Div	ision of Co	rporations	•			
SUBJECT:	Bitman O'I	Brien & Morat, LLC				
SUBJECT:		Name of Lin	nited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Ronnie Bitman				
			Name of Person		-	
		Bitman Legal, P.A.				
			Firm/Сотралу		-	
		485 N. Keller Road, Suite	401		*\ 0 	_
			Address		:1	
		Maitland, FL 32751			رل	
		rbitman@gmail.com	City/State and Zip Code		ණ . ``	
For further in	nformation c	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report notifi all:	cation)	i: 0	
Ronnie Bitm	ian		407 325-4187			
	Name o	of Person	Area Code Daytime	Telephone Number	,	
Enclosed is a	check for t	he following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Statu	
	Registi	ING ADDRESS: ration Section on of Corporations	STREET/COURIE Registration Section Division of Corpora			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bitman O'Brien & Morat, LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our record imited Liability Company)	<u>is.</u>)
he Articles of Organization for this Limited Liability Con	mpany were filed on 10/24/2018	and assigned
lorida document number L18000250420	,	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	d liability company here:	
itman O'Brien & Morat, PLLC		
ne new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRE.	<u> </u>	
		1 4 4 T
nter new mailing address, if applicable:		
Agiling address MAY BE A POST OFFICE BOX)		## ##
		,,, 0
. If amending the registered agent and/or register gistered agent and/or the new registered office address		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	Emer Fuorida sireet daares	
		orida
	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>	Type of Action
			□ Remove
			Change
			Add
			□ Remove
			Change
·	12		Add
			Remove
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			□ Add
			Remove
			Change
	<u></u>		Add
			Remove
			Change
 _			Add
			Remove
			☐ Change

Amended to PLLC, as compan	y is a professional law office, all members	being duly licensed
professionals.		
		
		
		<u> </u>
		<i>:</i>
		
)
ctive date, if other than the d	11/28/2018 ate of filing:	(optional)
effective date is listed, the date must l	be specific and cannot be prior to date of filing or	more than 90 days after filing.) Pursuant to 605.020 ing requirements, this date will not be listed a
ument's effective date on the Dep	artment of State's records.	β - η
		N
ne 90th day after the reco		time, at 12:01 a.m. on the earlier
Na	2010	
ed November 28	. 2018	
Que 6	32	
	ignature of a member or authorized representation	ve of a member

Page 3 of 3

Filing Fee: \$25.00