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TO:	Registration Section
	Division of Corporations

FORREST FLIEGEL ROBINSON, PLLC

SUBJECT:

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:

WILLIAM S. KRAMER, ESQ.

Name of Person

BRINKLEY MORGAN

Firm/Company

100 SOUTHEAST 3RD AVENUE, 23RD FL

Address

FORT LAUDERDALE, FL 33394

City/State and Zip Code WILLIAM.KRAMER@BRINKLEYMORGAN.COM

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

Area Code

For further information concerning this matter, please call:

WILLIAM S. KRAMER

Name of Person

954 745-1169

Daytime Telephone Number

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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

FORREST FLIEGEL ROBINSON, PLLC

(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 DECEMBER 28, 2018 and assigned Florida document number 119000000403

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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 addre.	×
	, FI	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>	Name	Address	Type of Action
MGRM	WILLIAM T. ROBINSON		Add
			Remove
			Change
			🗆 Add
			Remove
			Change
			🛛 Add
			Remove
			Change
			🗆 Add
		Remove	
		Change	
		Add	
		C Remove	
			Change
			🗆 Add
			🛛 Remove
			Change

D. If amonding any other information, enter change(s) here: (Attach additional sheets, if necessary.) * Article'VI. Management is amended as follows:

This will be a manager-managed	company. The name	and address of e	ach manager is:		
Brett Fliegel, 5521 N. University Drive, Suite 104, Coral Springs, FL 33067 Allen C. Forrest, 5521 N. University Drive, Suite 104, Coral Springs, FL 33067					
		<u> </u>			
				<u>-</u>	
					
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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.

JANUARY 14
Dated ____ 2019 Signature of a member or authorized representative of a member

WILLIAM S. KRAMER, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00