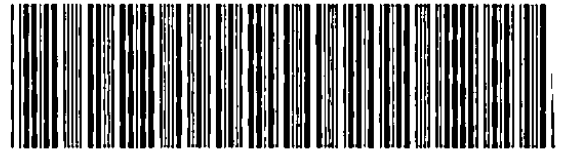


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend/Name
chg

MAR 08 2019
ALBRITTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: FORREST FLIEGEL ROBINSON, PLLC
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)

For further information concerning this matter, please call:

WILLIAM S. KRAMER, ESQ.

Name of Person

at (954) 745-1169

Area Code

Daytime Telephone Number

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

FILED
2019 MAR -1 PM 2:30
STATE OF FLORIDA
TALLAHASSEE

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 L1900000403

This amendment is submitted to amend the following:

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

FORREST FLIEGEL, PLLC

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 address

_____, Florida

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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FLIEGEL CPA, P.C.	5521 N. University Drive, Suite 104	<input type="checkbox"/> Add
		Coral Springs, FL 33067	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ALLEN C. FORREST, P.A.	5521 N. University Drive, Suite 104	<input type="checkbox"/> Add
		Coral Springs, FL 33067	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

1. ARTICLE IV. IS HEREBY AMENDED TO READ AS FOLLOWS:

Article IV. Transferability of Membership Interests. Members shall be entitled to assign their membership interests only in accordance with the terms of the Company's Operating Agreement.

2. ARTICLE V. IS HEREBY DELETED IN ITS ENTIRETY.

3. ARTICLE VI. IS HEREBY AMENDED TO READ AS FOLLOWS:

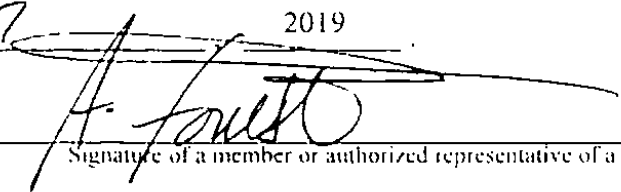
This will be a manager-managed company. The name and address of each manager is:
Brett Fliegel, 5521 N. University Drive, Suite 104, Coral Springs, FL. 33067
Allen C. Forrest, 5521 N. University Drive, Suite 104, Coral Springs, FL. 33067

4. WILLIAM T. ROBINSON IS HEREBY INTENTIONALLY DELETED.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 2/27 2019


Signature of a member or authorized representative of a member
ALLEN C. FORREST, MANAGER

Typed or printed name of signee