

# L23000245807

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H24000073647 3)))



H240000736473A9C0

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : MARKU & MAGOLNICK, P.A.  
Account Number : 120050000186  
Phone : (305)285-2000  
Fax Number : (305)285-5555

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Corporateservices@mm-pa.com

2024 FEB 26 PM 3:29  
TALLAHASSEE, FL

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
UNTIEDT DABDOUB & TYLER, PLLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED

2024 FEB 23 PM 3:52

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(((H24000073647 3)))

UNTIEDT DABDOUB & TYLER, 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 05/18/2023 and assigned  
Florida document number L23000245807.

This amendment is submitted to amend the following:

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

Untiedt Dabdoub, 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: FYFFE, LARA A.

New Registered Office Address: 1600 PONCE DE LEON BOULEVARD, 10TH FLOOR

*Enter Florida street address*

CORAL GABLES, Florida 33134

*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.*

Lara Fyffe  
(Signature of New Registered Agent)

If Changing Registered Agent, Signature of New Registered Agent

(((H24000073647 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

((H24000073647 3))

MGR = Manager

AMDR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	RYAN C. TYLER, P.A.	1600 PONCE DE LEON BOULEVARD	<input type="checkbox"/> Add
		10TH FLOOR	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
MGR	WHITNEY M. UNTIEDT, P.A.	1600 PONCE DE LEON BOULEVARD	<input type="checkbox"/> Add
		10TH FLOOR	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change
MGR	LARA A. DABDOUB, P.A.	1600 PONCE DE LEON BOULEVARD	<input type="checkbox"/> Add
		10TH FLOOR	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<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

((H24000073647 3))

((H24000073647 3)))

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

[illegible]

F. 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)(b)

**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 February 23, 2024

Lara Fyffe  
Lara Fyffe (Feb 25, 2024 11:39 EST)

Lara Fyffe (Feb 23, 2024 11:39 EST)

Signature of a member or authorized representative of a member

LARA A. DABDOUB, P.A.

Typed or printed name of signee

((H24000073647 3)))

**Filing Fee: \$25.00**