L99000001158

(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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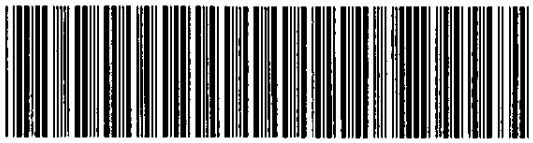

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 13 2013

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LAW OFFICES
MASSEY, COICAN & KING, L.L.C.

ALBERT P. MASSEY, III
GREGORY G. COICAN
DARREL T. KING

707 S.E. THIRD AVENUE
BLACKSTONE BUILDING, SECOND FLOOR
FORT LAUDERDALE, FL 33316

TELEPHONE 954 527-3919
TELEFAX 954 527-3920
www.masseylaw.com

March 1, 2013

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(850) 245-6051

To the Division of Corporations:

Please find attached to this letter the Articles of Amendment to Articles of Organization of Massey, Coican & King, L.L.C., as well as the requested cover letter and an additional copy of this paperwork for the certified copy. Also enclosed is a check in the amount of $60.00 for the Filing Fee, Certificate of Status and Certified Copy.

Please be advised that my daytime phone number is (954) 527-3919 Ext. 325. My return address is 707 S.E. 3rd Avenue, Second Floor, Fort Lauderdale, FL 33316. Please feel free to contact me should you have any questions. Thank you.

Sincerely Yours,

Kristen M. Breen
Administrator

Enclosures

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Massey, Coican & Schuster, L.L.C.
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:

Kristen Breen
Name of Person

Massey, Coican & King, LLC
Firm/Company

707 SE 3rd Avenue, Second Floor
Address

Fort Lauderdale, FL 33316
City/State and Zip Code

kristen@masseylaw.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kristen Breen at (954) 527-3919 ext. 325
Name of Person 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

Massey, Coican & Schuster, LLC

(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 1/28/99 and assigned Florida document number L99000001158.

This amendment is submitted to amend the following:

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

Massey, Coican & King, L.L.C.

The new name must be distinguishable and end with 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)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Kristen Breen	707 SE 3rd Avenue	☒ Add
		Second Floor	☐ Remove
		Fort Lauderdale, FL 33316	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

Dated March 1st 2013

Signature of a member or authorized representative of a member

Albert P. Massey, III, Esquire.

Typed or printed name of signee

Filing Fee: $25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA