# N10000000585

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	<b>⇒</b> #)
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TALLIAHASSEE, FLORIDA

MAY 1 0 2016 Y SULKER

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: The Rehmann Groen	ign Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s	s) are submitted for filing.
Please return all correspondence concerning th	his matter to the following:
Joan Payne	
Name of Person	
Rehmann LLC	
Firm/Company	
5800 Gratiot Rd Suite 20	01
Address	
Saginaw, MI 48638	
City/State and Zip Coo	de
Joan.Payne@rehmann.com	
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter	т, please call:
Kathleen Stuller	_at (989) 797-8390
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount \$\begin{align*} \text{\$\text{\$\text{\$\text{\$}}}\$} \text{\$\text{\$\text{\$\text{\$}}}\$} \text{\$\text{\$\text{\$\text{\$}}}\$} \text{\$\text{\$\text{\$\text{\$\text{\$\text{\$}}}}\$} \text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\texitt{\$\text{\$\}\$\text{\$\text{\$\text{\$\exititt{\$\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$	\$55 Filing Fee & \$60 Filing Fee,



April 13, 2016

JOAN PAYNE 5800 GRATIOT RD SUITE 201 SAGINAW, MI 48638 US

SUBJECT: THE REHMANN GROUP, LLC

Ref. Number: M1000000585

We have received your document for THE REHMANN GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 916A00005107

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

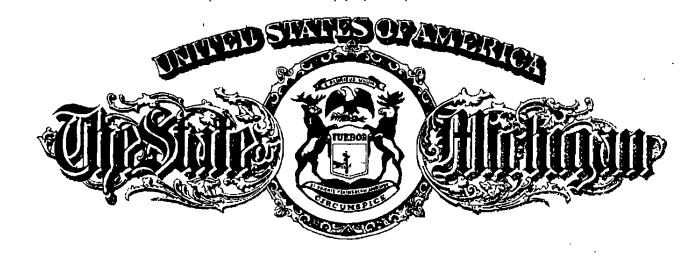
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: The Rehmann Group, LLC
Enter new principal office 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)
2. The Florida document number of this limited liability company is: M1000000585
3. Jurisdiction of its organization: Michigan
4. Date authorized to do business in Florida: 10-10-2000
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company:  (must contain "Limited Liability Company, ""L.L.C.," or "DLC.")  (must contain "Limited Liability Company, ""L.L.C.," or "DLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attacher copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")
6. If amending the registered agent and/or registered officer address on our records, enter the name of the riew registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida Street Address
, Florida
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.

	manges person, the or capacity in a	accordance with 605.0902 (1)(e), indi	cate that change.
tle/ Capacity	Name	Address	Type of Action
			Add
			Remov
	·		A Dimov
			Y - AR
			E. FLORIDA
<u> </u>			
			Add
Attached is a certifi	cate, if required: no more than 90	days old evidencing the	Remove
iforementioned am	endment(s), duly authenticated by the law of which this entity is organ Signature of Typed or print	the official having custody of recornized.	

Filing Fee: \$25.00



# Department of Licensing and Regulatory Affairs Lansing, Michigan

This is to Certify that the annexed copy has been compared by me with the record on file in this Department and that the same is a true copy thereof.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission 1377741

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 30th day of March, 2016

0

Julia Dale, Director
Corporations, Securities & Commercial Licensing Bureau

### MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS FILING ENDORSEMENT

This is to Certify that the CERTIFICATE OF AMENDMENT TO THE ARTICLES OF ORG.

for

REHMANN, LLC

ID NUMBER: B77301

received by facsimile transmission on April 7, 2015 is hereby endorsed.

Filed on April 8, 2015 by the Administrator.

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



Sent by Facsimile Transmission

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 8th day of April, 2015.

Alan J. Schefke, Director Corporations, Securities & Commercial Licensing Bureau 989 799 4666 BRAUN KENDRICK-1st North

04:54:06 p.m. 04-07-2015 2 /3

GSCL/CD-715 (Rev. 01/14)	· · · · · · · · · · · · · · · · · · ·	····			
	PARTMENT OF LICENSING NS, SECURITIES & COMM				
Date Received	(FOR BUREAU USE ONLY)				
	This document is effective on the date is subsequent effective date within 90 day date is stated in the document.		,		
Name Braun Kendrick Finkbeiner P.L.	.c. (DJK)				
Address 4301 Fashion Square Boulevar	d				
City Saginaw	State Michigan	ZIP Code 48603	EFFECTIVE DATE:		
Document will be return If left blank, docume	ed to the name and address you enter nt will be returned to the registered of	r above. 🥌 filce.			
CERTIFI	CATE OF AMENDMENT T For use by Limite (Please read information a	ed Liability Con	CLES OF ORGANIZATION npantes on the last page)		
Pursuant to the provi	sions of Act 23, Public Acts of 1893,	the undersigned e	execute the following Gertificate of Amendment:		
The present name of the     The Rehmann Group, LLC					
2. The identification number	r assigned by the Bureau is:	B773	01		
3. The date of filing the orig	inal Articles of Organization was:	October 10, 200		_	
<del></del>	Articles of Organization is hereby bility company is Rehmann, LLC.	y amended to re	ad as follows:	,	
5. X The amendment was articles of organization	approved by a majority in intereson by majority vote.	st if an operating	agreement authorizes amendment of the		
☐ The amendment was	approved by unanimous vote of	all the members	entitled to vote.		
This document is hereby sig	ned as required by Section 103 o	of the Act.			
Signed thi	s_30 th day of _W ~	ch &	2015		
Ву	Lodal & Muye	r, Manager, or Authoriz	ed Agent)		
Candall D	Rupp Authorized Agent				

(Type or Print Name and Capacity)