

**M17000007643**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

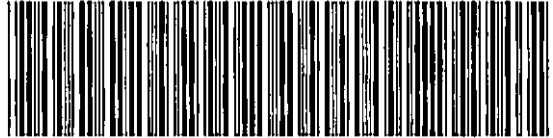
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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18 SEP 12 AM 1:02  
SECTION OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
SEP 18 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Kriss Law, LLC (formerly Law Offices of Scott D. Kriss, LLC)  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott D. Kriss

Name of Person

Kriss Law, LLC (formerly Law Offices of Scott D. Kriss, LLC)

Firm/Company

15 Crawford Street

Address

Needham, MA 02494

City/State and Zip Code

scott@krisslawatlantic.com

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

For further information concerning this matter, please call:

David C. Flynn

Name of Person

at ( 781 ) 569-2175

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:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**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: Law Offices of Scott D. Kriss, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

15 Crawford Street  
Needham, MA 02494

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: M17000007643

3. Jurisdiction of its organization: Massachusetts

4. Date authorized to do business in Florida: 9-5-2017

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Kriss Law, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a 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 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

**FILED**  
18 SEP 12 AM 1:03  
TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

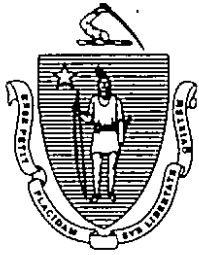
\_\_\_\_\_  
Signature of the authorized representative

Scott D. Kriss

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

FILED  
18 SEP 12 AM 1:10  
STATE  
TALLAHASSEE, FLORIDA



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

August 30, 2018

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of Limited Liability Company was filed  
in this office by

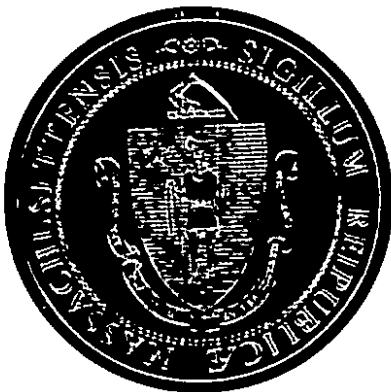
**KRISS LAW LLC**  
**(ORGANIZED AS: LAW OFFICES OF SCOTT D KRISS LLC)**

in accordance with the provisions of Massachusetts General Laws Chapter 156C  
on **July 23, 2004**.

I also certify that the following amendments to said Limited Liability Company have  
been filed:

**Amendment Filed: August 29, 2018**

I further certify that no other amendment to said certificate of organization has been filed;  
that, said Limited Liability Company has not filed a certificate of cancellation; that said Limited  
Liability Company has not been administratively dissolved; and that, so far as appears of record,  
said Limited Liability Company has legal existence.



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

FILED  
18 SEP 12 AM 1:10  
CLERK OF THE STATE  
TALLAHASSEE, FLORIDA