

MI9000005532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

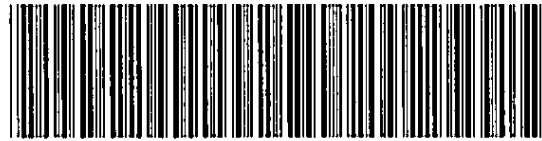
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tomtishen Aoun PLLC

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:

Pam Provenzano

Name of Person

Tomtishen Feenstra PLLC

Firm/Company

2001 Commonwealth Blvd., Ste. 300

Address

Ann Arbor, MI 48105

City/State and Zip Code

Pam@tomtishenlaw.com

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

For further information concerning this matter, please call:

Pam Provenzano

at (734) 372-4100

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Tomtishen Aoun PLLC

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: F04000004747

3. Jurisdiction of its organization: Michigan

4. Date authorized to do business in Florida: August 2004

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

5. New name of the limited liability company: Tomtishen Feenstra PLLC

(must contain "Limited Liability Company," "L.L.C." or "LLC.")

Tomtishen Feenstra 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: Charlene Carpenter

New Registered Office Address: 33176 Chasewood Circle

Enter Florida Street Address

Wesley Chapel

City

Florida 33545

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.

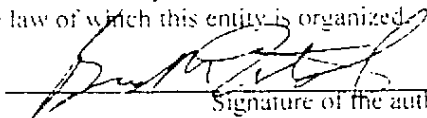
If Changing Registered Agent, Signature of New Registered Agent

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>
<u>Mgr</u>	<u>Joseph T. Aoun</u>	<u>2001 Commonwealth Blvd., Ste. 300</u>	<input type="checkbox"/> Add
		<u>Ann Arbor, MI 48105</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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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

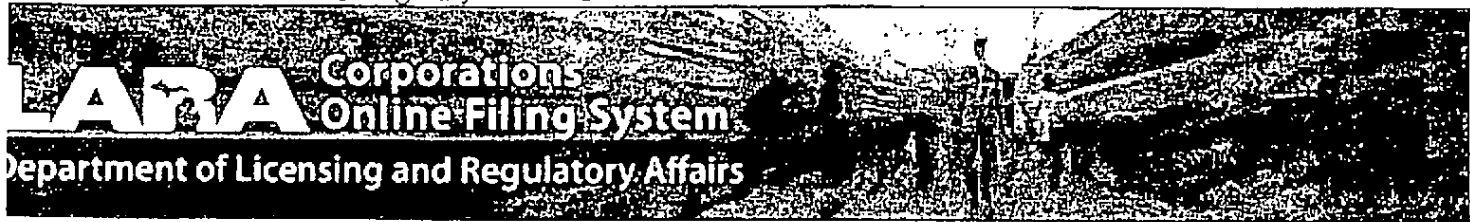
Brad M. Temtishen

Typed or printed name of signee

Filing Fee: \$25.00

04

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Form Revision Date 07/201

CERTIFICATE OF AMENDMENT TO THE ARTICLES OF ORGANIZATION
For use by DOMESTIC PROFESSIONAL LIMITED LIABILITY COMPANY

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned executes the following Certificate of Amendment

The identification number assigned by the Bureau is:

The name of the professional limited liability company is:

The date of filing the original Articles of Organization was:

Complete only those articles being amended.

Article I

The name of the professional limited liability company as amended, is:

FILED

DEC 08 2020

ADMINISTRATOR
CORPORATIONS DIVISION

Effective Date:

The amendment was approved by unanimous vote of all the members entitled to vote.

This document must be signed by a member, manager, or an authorized agent:

Signed this 30th Day of November, 2020 by:

Signature	Title	Title If Other was selected
Brad M. Tomtishen	Manager	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

☐ Decline ☒ Accept

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