

M210000002472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

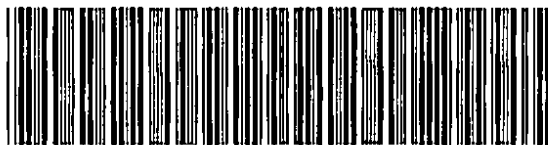
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2022 NOV 14 AM 8:57
JAN 16 11:00 AM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pogust Goodhead 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:

Melissa Ferrari

Name of Person

Pogust Goodhead LLC

Firm/Company

331 NW 26 Street, No. 310

Address

Miami, Florida 33127

City/State and Zip Code

mferrari@pogustgoodhead.com

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

For further information concerning this matter, please call:

Melissa Ferrari

at (305) 582-6623

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: Pogust Goodhead Mousinho Bianchini and Martins, 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: M21000002472

3. Jurisdiction of its organization: Pennsylvania

4. Date authorized to do business in Florida: 03/04/2021

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

5. New name of the limited liability company: Pogust Goodhead 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.

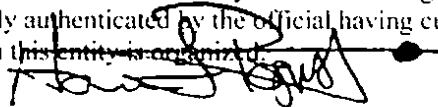
If Changing Registered Agent, Signature of New Registered Agent

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
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
_____	_____	_____	<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

Harris Pogust

Typed or printed name of signee

Filing Fee: \$25.00

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

☐ Return document by mail to:
CSC Order#899460-5 DCB
Name _____
Address _____
City _____ State _____ Zip Code _____
☒ Return document by email to: cscpa@cscglobal.com

Certificate of Amendment - Domestic
Limited Partnership/Limited Liability Company
DSCB:15-8622/8822 (rev. 2/2017)



TC02208230709

Read all instructions prior to completing. This form may be

Fee: \$70

Check one: ☐ Limited Partnership (§ 8622)

☒ Limited Liability Company (§ 8822)

In compliance with the requirements of the applicable provisions (relating to Amendment or Restatement of Certificate), the undersigned, desiring to amend or restate its Certificate of Limited Partnership/Certificate of Organization, hereby certifies that:

1. The name of the limited partnership/limited liability company is: Pogust Goodhead Mousinho Bianchini & Martins, LLC

2. The date of filing of the original Certificate of Limited Partnership/Certificate of Organization is:

01/03/2020

Date (MM/DD/YYYY)

3. The current registered office address as on file with the Department of State. *Complete part (a) OR (b) – not both:*

(a) Eight Tower Bridge, 161 Washington St., Suite 250, Conshohocken, PA, 19428, Montgomery
Number and street City State Zip County

(b) c/o: _____
Name of Commercial Registered Office Provider County

4. Check, and if appropriate complete, one of the following:

☒ The amendment adopted by the limited partnership/limited liability company, set forth in full, is as follows:

Paragraph 1 of the Certificate of Organization is hereby amended to read in its entirety as follows:

"1. The name of the limited liability company is Pogust Goodhead LLC"

☐ The amendment adopted by the limited partnership/limited liability company is set forth in full in Exhibit A attached hereto and made a part hereof.

5. Effective date of amendment (check, and if appropriate complete, one of the following):

☒ The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.

☐ The amendment shall be effective on: _____ at _____
Date (MM/DD/YYYY) Hour (if any)