

11220000003869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

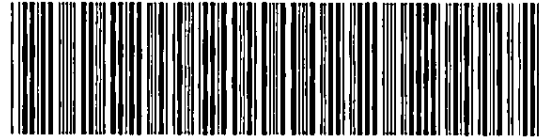
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Q. SILAS

MAY 13 2022

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FILED

2022 MAY 11 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2022 MAY 11 PM 1:57
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 05/11/22

NAME: ESQUIRE LAW LLC

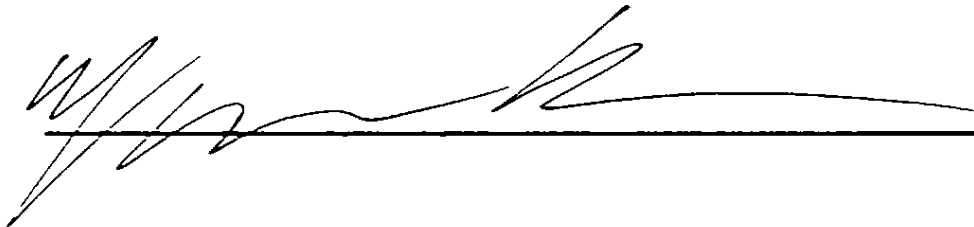
TYPE OF FILING: AMENDMENT APPLICATION

COST: 25.00

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AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESQUIRE LAW 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:

ADELITA CABELLO

Name of Person

STEINGER, GREENE & FEINER

Firm/Company

2727 NW 62ND STREET

Address

FT. LAUDERDALE, FL 33309

City/State and Zip Code

sbirken@injurylawyers.com

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

For further information concerning this matter, please call:

Adelita Cabello

Name of Person

at (954)

406-3499

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**

2022 MAY 11 AM 8:39

SECTION I (1-4 must be completed)

SECRETARY OF STATE
TALLAHASSEE, FL

1. Name of limited liability Company as it appears on the records of the Florida Department of _____
State: ESQUIRE LAW 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: M22000003869

3. Jurisdiction of its organization: ARIZONA

4. Date authorized to do business in Florida: 3/15/22

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 "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)(c), indicate that change:

Title/ Capacity	Name	Address	Type of Action
MGMB	Michael S. Steinger	2198 E. Camelback Rd. Suite 300 Phoenix, AZ 85016	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MBR	ESQUIRE HOLDING, LLC	2198 E. Camelback Rd. Suite 300 Phoenix, AZ 85016	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMB	Esquire Holding LLL	2198 E. Camelback Rd. Suite 300 Phoenix, AZ 85016	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MBR	Michael S. Steinger	2198 E. Camelback Rd. Suite 300 Phoenix, AZ 85016	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

☐ Add

☐ 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

SHAWN L. BIRKEN

Typed or printed name of signee

Filing Fee: \$25.00