

PO2000006170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

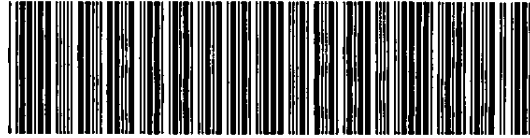
(Business Entity Name)

(Document Number)

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02/12/16--01005--025 **35.00

16 FEB 16 PM 12:27
STATE OF ARIZONA
SECRETARY OF STATE

N/C
AMEND.

FEB 17 2016

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ANDREW F. RIER, P.A.

ATTORNEYS AT LAW

10800 BISCAYNE BOULEVARD, SUITE 900 | MIAMI, FL 33161 | TEL. 305.899.1212 | FAX. 305.891.2297

RIERLAW.COM

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JONATHAN E. JORDAN, ESQ.
DIKSHA MEHAN SHARMA, ESQ.
LIANET RODRIGUEZ, ESQ.
CHRISTINE RITTER, ESQ.
DANIEL TIBBITT, ESQ.

February 5, 2016

To Whom It May Concern,

Enclosed is the Articles of Amendment to Articles of Incorporation for Andrew F. Rier, P.A. We are amending the firm's name to Rier Jordan, P.A. On 1/29/16, I mistakenly formed a new business, Rier Jordan P.A. (P16000009889), when in fact my intention was to only amend the name of the existing corporation, Andrew F. Rier, P.A. We are hereby requesting that this Amendment be accepted and that the newly created Rier Jordan P.A. be dissolved with no intention to revoke the dissolution.

Sincerely,

A handwritten signature in black ink, appearing to read 'Andrew F. Rier', with a long, sweeping flourish at the end.

Andrew F. Rier

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Andrew F. Rier, P.A.

DOCUMENT NUMBER: P02000006170

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan Jordan
Name of Contact Person
Andrew F. Rier, P.A.
Firm/ Company
10800 Biscayne Blvd, Suite 900
Address
Miami, FL 33161
City/ State and Zip Code

jjordan@rierlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Jordan at (305) 899-1212
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|---|---|--|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 2/5/16

Signature [Handwritten Signature]

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Andrew Riet

(Typed or printed name of person signing)

President

(Title of person signing)