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COVER LETTER

TO;	Registration So Division of Cor			
emb i	Barley, Mc	Namara & Wild, PLLC		
SUBJ	ECT:		ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Harry Teichman		
			Name of Person	
		Older Lundy		
			Firm/Company	
		1000 W Cass Street		
Address				
	•	Tampa, FL 33606		
City/State and Zip Code vickie.hunsaker@aduscpa.com				
E-mail address: (to be used for future annual report noti-				ication)
For fu	irther information c	oncerning this matter, please ca	att:	
Нагту	/ Teichman		813 254-8998 at ()	
	Name o	d Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	he following amount:		
■ \$3	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Barley, McNamara & Wild, PLLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{110000085153}{120000085153}$.		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
McNamara and Associates, PLLC		
The new name must be distinguishable and contain the words "Limited Liah	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices 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)		MAR -4 PM 5: 33
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	rida
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wi provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with anc accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person occurs or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			☐ Remove
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
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Effective date, if other than the If an effective date is fisted, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and car ick does not meet	t the applicable.	te of filing or more the statutory filing req	(optional) an 90 days after filing.) uirements, this date v	Pursuant to 605.020 will not be listed a
he record specifies a delayed The 90th day after the reco	effective date ord is filed.	e, but not an	effective time	, at 12:01 a.m. c	on the earlier o
Dated February 27	,	2019			
			representative of a	member	
U	aignature or a men	moer or audionized	representative or a	menturei	

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Filing Fee: \$25.00