

L13000164180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

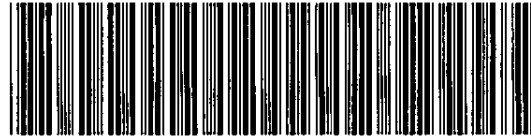
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
DEPARTMENT OF REVENUE

14 JAN 17 PM 11:06

APPROVED
AND
FILED

Handwritten signature and date 1/17

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABIGAIL ADAMS PLLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenneth Bohannon, Esquire

Name of Person

Kenneth Bohannon, P.L.

Firm/Company

221 N. Causeway, Ste A

Address

New Smyrna Beach, FL 32169

City/State and Zip Code

KBohannon@CFLLawyer.com

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

For further information concerning this matter, please call:

Kenneth Bohannon

Name of Person

at **386 427-5227**

Area Code & Daytime Telephone Number

14 JAN 17 PM 4:00
RECEIVED
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2013

KENNETH BOHANNON, ESQ.
221 N. CAUSEWAY, SUITE A
NEW SMYRNA BEACH, FL 32169

SUBJECT: ABIGAIL ADAMS PLLC
Ref. Number: L13000164180

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

The amendment form must be completed in it's entirety.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Gretchen Harvey
Regulatory Specialist II Supervisor

Letter Number: 213A00027547

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ABIGAIL ADAMS PLLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on November 22, 2013 and assigned Florida document number L13000164180.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ABIGAIL ADAMS MD LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

NOV 17 PM 11:00
FILED

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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

City Florida 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 608, 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

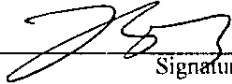
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated Dec 10, 2013



Signature of a member or authorized representative of a member

KENNETH BOHANNON, ESQ.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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14 JAN 17 PM 1:00

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