

418000143013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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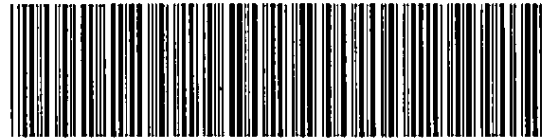
(Business Entity Name)

(Document Number)

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09/07/18 10:00:00

9/12/18 QS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NADINE M. APPLETON LAW FIRM, 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:

ERIC N. APPLETON, ESQ.  
Name of Person  
APPLETON, REISS & SKOREWICZ, PLLC  
Firm/Company  
501 E. KENNEDY BLVD. SUITE 802  
Address  
TAMPA, FL 33602  
City/State and Zip Code  
eappleton@arsfla.com  
E-mail address: (to be used for future annual report notification)

11-10-11 11:01 AM

For further information concerning this matter, please call:

Monica Ransone at 813 542-8888  
Name of Person Area Code Daytime Telephone Number

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

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building

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

NADINE M. APPLETON LAW FIRM, 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 6/11/18 and assigned Florida document number L18000143013.

This amendment is submitted to amend the following:

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

APPLETON, REISS & SKOREWICZ, PLLC

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

**Enter new principal offices address, if applicable:**

501 E. KENNEDY BLVD. SUITE 802

**(Principal office address MUST BE A STREET ADDRESS)**

TAMPA, FL 33602

**Enter new mailing address, if applicable:**

501 E. KENNEDY BLVD. SUITE 802

**(Mailing address MAY BE A POST OFFICE BOX)**

TAMPA, FL 33602

**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 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**

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

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	APPLETON, ERIC N.	501 E. KENNEDY BLVD, SUITE 802, TAMPA, FL 33602	<input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
MGR	REISS, MICHELLE T.	501 E. KENNEDY BLVD, SUITE 802 TAMPA, FL 33602	<input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
MGR	SKOREWICZ, KEITH D.	501 E. KENNEDY BLVD, SUITE 802 TAMPA, FL 33602	<input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove  <input checked="" type="checkbox"/> Change
MGR	APPLETON, NADINE M.	501 E. KENNEDY BLVD, SUITE 802 TAMPA, FL 33602	<input type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change  <input type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change  <input type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change

