

M1500 0000493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

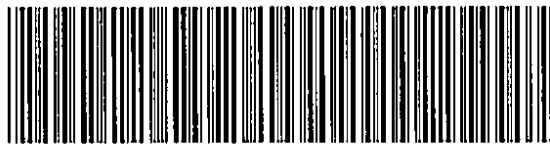
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200301361292

07/14/17-01036--010 **55.00

FILED
17 JUL 14 PM 2:45
DIVISION OF CORPORATIONS

JUL 17 2017
O SIMMONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Schlee & Stillman, 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:

LaKisha Long

Name of Person

Cornerstone Support, Inc.

Firm Company

70 Mansell Court, Suite 250

Address

Roswell, GA 30076

City/State and Zip Code

llong@cornerstonesupport.com

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

For further information concerning this matter, please call:

LaKisha Long

Name of Person

at (770) 587-4595

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

CR20655 (\$ 15)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Schlee & Stillman, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

110 West Road, Suite 217

Towson, MD 21204

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: M15000000493

3. Jurisdiction of its organization: MD

4. Date authorized to do business in Florida: _____

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Stillman Law Office, LLC

(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(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," "LLC," or "L.L.C.")

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

17 JUL 14 PM 2:45
DIVISION OF CORPORATIONS

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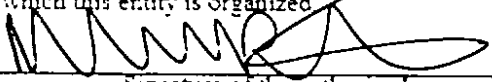
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> 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

Michael Stillman

Typed or printed name of signee

Filing Fee: \$25.00

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DIVISION OF CORPORATIONS

FILED

STATE OF MARYLAND
Department of Assessments and Taxation

I, Michael L. Higgs, Director of the Maryland Department of Assessments and Taxation, hereby certify that the attached document, inscribed with the same Authentication Code, is a true copy of the public record of the

ARTICLES OF AMENDMENT / NAME CHANGE-DOMESTIC LLC

for
STILLMAN LAW OFFICE, LLC

I further certify that this document is a true copy generated from the online service with the Department of Assessments & Taxation.

In witness whereof, I have hereunto subscribed my signature and affixed the seal of the State Department of Assessments and Taxation of Maryland at Baltimore on this **July 10, 2017**



Michael L. Higgs
Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TTY/Voice

Online Certificate Authentication Code: 1000362010340471
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>

ARTICLES OF AMENDMENT for a Limited Liability Company

SCHLEE & STILLMAN, LLC

- (1) Insert full name of the Limited Liability Company (LLC).

(2) The Charter of the Limited Liability Company is hereby amended as follows:

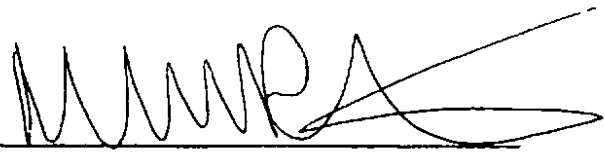
1. **Name.** The name of the limited liability company formed and previously known as Schlee & Stillman, LLC., is hereby known as Stillman Law Office, LLC. ✓
2. **Date of Dissolution.** The limited liability company is to have perpetual existence.
3. **Purpose.** The purpose for which the limited liability company is formed and the business to be carried on by it, (i) are to operate and manage a professional law firm in the state of Maryland, (ii) and such other purposes as permitted under Maryland law, (iii) the firm's sole and specific purpose, as to activities in Virginia, is to render legal services or services provided by an attorney at law.
4. **Address.** The address of the limited liability company principal office in the state of Maryland is as follows:

Stillman Law Office, LLC.
110 West Road, Ste. 217
Towson, MD 21204 ✓

5. **Resident Agent.** The name and address of the limited liability company resident agent in the State of Maryland is as follows:

InCorp Services, Inc.
1519 York Road
Lutherville, Maryland 21093 ✓

RECEIVED
DEPARTMENT OF
ASSESSMENT & TAXATION
2017 MAY -5 A 9 28

(3) 
Michael R. Stillman | Authorized Representative

I hereby consent to serve as Resident Agent
for the above named Limited Liability Company.

Signature of Authorized Person(s)

Signature required only for new resident agents

CUST ID: 0003551544
WORK ORDER: 0004768121
DATE: 05-16-2017 12:21 PM
AMT. PAID: \$190.00