

L01000012471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

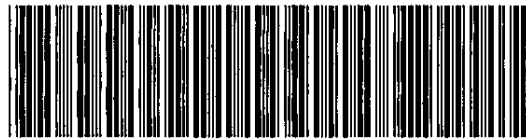
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



300270661553

03/24/15--01010--011 **43.75

FILED
15 APR -9 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

name change

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: METTLER RANDOLPH MASSEY CARROLL & STERLACCI PL

DOCUMENT NUMBER: L01000012471

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

Please return all correspondence concerning this matter to the following:

Tamara Voelzke

Name of Contact Person

METTLER RANDOLPH MASSEY CARROLL & STERLACCI PL

Firm/ Company

340 ROYAL PALM WAY, SUITE 100

Address

PALM BEACH, FL 33480

City/ State and Zip Code

tvoelzke@mettlerlaw.com

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

For further information concerning this matter, please call:

Tamara Voelzke

Name of Contact Person

at (561) 833-9631

Area Code & Daytime Telephone Number

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

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$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

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15 APR -9 AM 11:13
TALLAHASSEE, FL
SECRETARY OF STATE

METTLER RANDOLPH MASSEY
CARROLL & STERLACCI, P.L.
Attorneys at Law

April 8, 2015

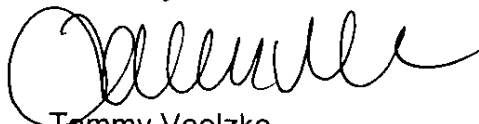
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314
Attention: Diane Cushing

Dear Ms. Cushing:

Please find the enclosed corrected form for the name change of Mettler Randolph Massey Carroll & Sterlacci, P.L. In submitting the incorrect form payment was sent in the amount of \$43.75, however the correct filing fee amount is \$30.00, therefore I am requesting a refund be sent back to in the amount of \$13.75.

I apologize for the inconvenience.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tammy Voelzke', written over a circular stamp or mark.

Tammy Voelzke
Operations Manager

enclosure



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2015

TAMARA VOELZKE
METTLER RANDOLPH MASSEY CARROLL & STERLA
340 ROYAL PALM WAY, SUITE 100
PALM BEACH, FL 33480

SUBJECT: METTLER RANDOLPH MASSEY CARROLL & STERLACCI, P.L.
Ref. Number: L01000012471

We have received your document for METTLER RANDOLPH MASSEY CARROLL & STERLACCI, P.L. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong amendment form. Please complete the attached limited liability company amendment form.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 915A00006260

RECEIVED
15 APR -9 PM 2:59
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

METTLER RANDOLPH MASSEY CARROLL & STERLACCI, P.L.
(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 July 27, 2001 and assigned
Florida document number L01000012471.

This amendment is submitted to amend the following:

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

METTLER RANDOLPH MASSEY FERGUSON CARROLL & STERLACCI, P.L.
The new name must be distinguishable and end with the words "Limited Liability 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)

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: April 15, 2015 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 8, 2015 , _____ .

Matthew L. Ferguson

Signature of a member or authorized representative of a member

Matthew L. Ferguson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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15 APR -9 AM 11:13
SECRETARY OF STATE
TALLAHASSEE FL 32399