

L030000006875

(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



900297681829

04/11/17--01008--002 **25.00

17 APR 10 AM 08
TALLAHASSEE, FLORIDA

APR 12 2017

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Patrick H. Willis, PL

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:

Patrick H. Willis

Name of Person

Patrick H. Willis, PL

Firm/Company

2121 S. Hiawassee Road, Suite 116

Address

Orlando, FL 32835

City/State and Zip Code

pwillis@pwillislaw.com

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

For further information concerning this matter, please call:

Patrick H. Willis

407

903-9939

at (_____) _____

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
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

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

Patrick H. Willis, PL

(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 2/5/2003 and assigned Florida document number L03000006875.

This amendment is submitted to amend the following:

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

Willis & Oden, PL

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:

2121 S. Hiawassee Road, Suite 116

(Principal office address MUST BE A STREET ADDRESS)

Orlando, Florida 32835

Enter new mailing address, if applicable:

2121 S. Hiawassee Road, Suite 116

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, Florida 32835

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:

Patrick H. Willis

New Registered Office Address:

2121 S. Hiawassee Road, Suite 116

Enter Florida street address

Orlando

Florida 32835

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Patrick H. Willis	2121 S. Hiawassee Road, Suite 116	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jon Oden	2121 S. Hiawassee Road, Suite 116	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32835	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated March 31, 2017.

Typed or printed name of signee