L07000055021

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	> #)
PICK-UP	WAIT	MAIL
- (Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Se Division of Cor		· ·	
Ronald V	W. Sikes, Attorney, PLL	С	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Ronald W. Sikes		
		Name of Person	
	Ronald W. Sikes, Att	torney, PLLC	
		Firm/Company	
	310 S Dillard St., Ste	e 100	
		Address	
	Winter Garden, FL 3	34787	
		City/State and Zip Code	
	rsikes@rsikes.law		
	E-mail address: (t	to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
Ron Sikes		407 877-7115	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

Ronald W. Sikes, Attorney, PLLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L03000055021</u>	ere filed on December 15, 2003,	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
Sikes Law Group, PLLC		
The new name must be distinguishable and end with the words "Limited Liabilit	y Company," the designation "LLC" or the ab	breviation "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 offic registered agent and/or the new registered office address here:	ee address on our records, enter t	he name of the new
) r	^솔 셨 ;;
Name of New Registered Agent:		<u> </u>
N. D 1005 A.H.		Part and the second sec
New Registered Office Address:	Enter Florida street address	77-4
	•	
	, Florida	-Zip.Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am fa ovided for in Chapter 605, F.S. Or, i	miliar with and f this document is

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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

	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		·	□ Add
			□ Remove
		 	
			□ Add
			
			☐ Remove
		<u></u>	
			☐ Remove
			Remove
			□ Remove
			L Kemove
			Add
			Remove

Name o	change only.
	
effective date	if other than the date of filing: (optional) must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ment is filed by the Florida Department of State)
d Januar	ry 5, 2015
	Lew recold NOOS
	Signature of a member or authorized representative of a member
Rot	nald W. Sikes
	Typed or printed name of signee

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Filing Fee: \$25.00

SECRETARY OF STATE