

L04000063624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

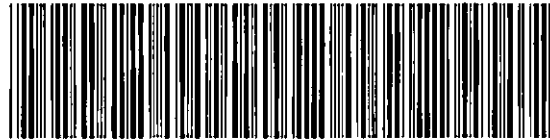
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09/02/22--01001--018 \$25.00

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SEP 2 PM 13

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

LLC

N/C

Amend.

SEP 02 2022

D CORRELL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE MOONEY LAW FIRM, LLC

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:

NEIL MOONEY

Name of Person

Firm/Company

2717 NEUCHATEL DRIVE

Address

TALLAHASSEE, FL 32303

City/State and Zip Code

nmooney@customscourt.com

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

For further information concerning this matter, please call:

Neil Mooney

850

980 6345

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

THE MOONEY LAW FIRM, LLC

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	SHANSHAN LIANG	2104 DELTA WAY #1	<input checked="" type="checkbox"/> Add
		TALLAHASSEE FL 32303	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NEIL B. MOONEY	2104 DELTA WAY #1	<input type="checkbox"/> Add
		TALLAHASSEE FL 32303	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Professional Purpose is provision of
legal services.

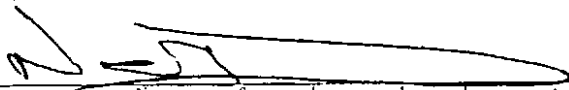
E. Effective date, if other than the date of filing: SEPTEMBER 2, 2022 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 2, 2022



Signature of a member or authorized representative of a member

NEIL B. MOONEY MGR

Typed or printed name of signer