

L06000033149

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Weaver and Kilpatrick 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:

Timothy A. Weaver
(Name of Person)

Weaver and Kilpatrick Law Firm, LLC
(Firm/Company)

8285 Navarre Parkway
(Address)

Navarre, Florida 32566
(City/State and Zip Code)

For further information concerning this matter, please call:

Valerie A. Vidal at (850) 939-5299
(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

WEAVER & KILPATRICK
LAW FIRM

8285 NAVARRE PARKWAY
NAVARRE, FLORIDA 32566

TIMOTHY A. WEAVER, ESQ.
D. KEITH KILPATRICK, ESQ.

TELEPHONE: (850) 939-5299
FAX: (850) 939-1134
E-MAIL: tweaverlaw@earthlink.net
kilpatricklaw@bellsouth.net

September 17, 2008

Attn: Leslie Sellers
Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

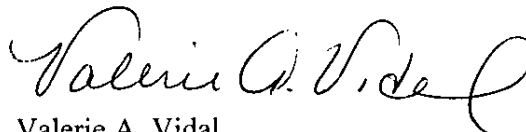
Re: Weaver, Kilpatrick and Weaver, Attorneys at Law, L.L.C.

Dear Ms. Sellers:

I am in receipt of your letter today regarding the filing of the Articles of Amendment for our firm. I have enclosed the Articles of Amendment which have been corrected as you have specified. In your letter to me dated September 10, 2008, you reference our firm check in the amount of \$60.00 for filing fees, however it was not enclosed with your correspondence. It is my assumption that you have this check in your possession awaiting our corrected documents.

If you need anything further, please do not hesitate to contact me.

Sincerely,



Valerie A. Vidal
Asst. For Weaver & Kilpatrick Law Firm, LLC

/vv
Enclosure



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2008

TIMOTHY A. WEAVER
8285 NAVARRE PARKWAY
NAVARRE, FL 32566

SUBJECT: WEAVER AND KILPATRICK LAW FIRM, LLC
Ref. Number: L06000033149

We have received your document for WEAVER AND KILPATRICK LAW FIRM, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective July 1, 2007, the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 708A00049485

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Weaver and Kilpatrick Law Firm, LLC

(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 3/29/2006 and assigned
Florida document number 206000033149.

This amendment is submitted to amend the following:

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

Weaver, Kilpatrick & Weaver, LLC

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)

, 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 608, 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)

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08 SEP 22 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

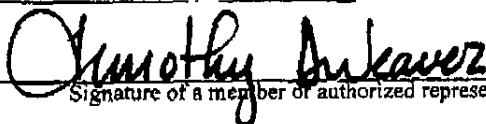
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgrm	Marsha L. Weaver	1673 Hwy. 98 W Mary Esther, FL 32569 United States	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____



Signature of a member or authorized representative of a member

Typed or printed name of signee

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TALLAHASSEE, FLORIDA