## LC6000 111334

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(December 1)
(Document Number)
Certified Copies Certificates of Status
3/11/21
Special Instructions to Filing Officer:
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February 16, 2021

VICKI GRACE HANKINS MEYER CONSULTING, PLLC 121 S. ORANGE AVENUE, STE 1500 ORLANDO, FL 32801

SUBJECT: MEYER CONSULTING, PLLC

Ref. Number: L06000111334

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Letter Number: 421A00003388

Susan Tallent Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

TO: Registration S Division of Co						
SUBJECT:	Meyer Consulting	g, PLLC				
<del></del>	Name of Lim	ited Liability Company				
		<b>.</b>				
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing				
	condence concerning this matter	-	Please see also attached original documents as requested			
	Vinlei Canna I	\tag{\tag{\tag{\tag{\tag{\tag{\tag{				
	Vicki Grace H	Name of Person	- documents			
			as requested			
	Meyer Cons		·			
		Firm/Сотралу				
	121 S. Oran					
		Address	<del></del>			
	Orlando, FL					
		City/State and Zip Code				
	Vicki, H. Mey E-mail address: (	cation)				
For further information	concerning this matter, please c	·				
Vicki Grace	Hankins	at ( <u>850</u> ) <u>591-32</u> 1	1			
Name	of Person		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 Addr	ess:	Street Address:				

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Meyer Consulting, PLLC		
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on Nov. 16, 2006 and ass	igned
Florida document number <u>L06000111334</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	رست
HankinsBarwick, PLLC		re:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
		a:
Enter new mailing address, if applicable:	121 S. Orange Avenue, Ste 1500	
(Mailing address MAY BE A POST OFFICE BOX)	Orlando_EL 32801	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the ne</u> y	v registero
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
·	, Florida	
	City Zin 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = ManagerAMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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<u>ote:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records.	_	
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fective date, if other than the date of filing:  In 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records.  Coord 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 is filed.  Ited March 3  2021  Signature of a member or authorized representative of a member	_	
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March 3  Vicus Grace Hankins  Signature of a member or authorized representative of a member	e:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	ited	March 3 2021 Vichi Grace Hankins
		Signature of a member or authorized representative of a member

Filing Fee: \$25.00