# L07000019784

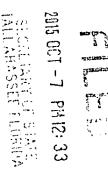
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## **COVER LETTER**

	stration Section ( ) sion of Corporations	
SUBJECT:	Reed & Mawhinney, P.L.	
SOBULCT.	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:	
	Andrew M. Reed	
	Name of Person	
	Reed Mawhinney & Link, PLLC	
	Firm/Company	
	1611 Harden Blvd.	
	Address	
	Lakeland, FL 33803	
	City/State and Zip Code	
	andy@polklawyer.com	
	E-mail address: (to be used for future annual report notification)	
For further in	formation concerning this matter, please call:	
Andrew M.	at ()	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a	check for the following amount:	
■ \$25.00 F	Ting Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, 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

Reed & Mawhinney, P.L.		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L07000019784	Company were filed on February 21, 2007	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
Reed Mawhinney & Link, PLLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	<b></b>	-1
(Principal office address MUST BE A STREET ADDR	RESS)	30 5
		2 - 1 Frank
Enter new mailing address, if applicable:		To To
(Mailing address MAY BE A POST OFFICE BOX)		Z
	****	20 L
		<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office add		he name of the new
Name of New Registered Agent:		144.44
New Registered Office Address:	Enter Florida street address	
	Enter Fioriaa sireet aaaress	
	, Florida	(D) (Q) I
	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

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 **Title** Name Address **Type of Action** □ Add \_□ Remove ☐ Change □ Add □ Remove ☐ Change \_□ Add ☐ Remove DOCT - 7 Pre-Remove Change \_□ Add \_□ Remove ☐ Change \_ 🗆 Add □ Remove

□ Change

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