## 107000022994

(F	Requestor's Name)	
(F	Address)	
(F	Address)	
(0	City/State/Zip/Phone #	()
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name	)
(L	Document Number)	
Certified Copies	Certificates o	f Status
Special Instructions t	o Filing Officer:	
P.L.		

Office Use Only



900278024399

10/15/15--01015--010 \*\*25.00

2015 NOV 16 PH 1: 33

K.SALY EXAMINER NOV 18 2015



FLORIDA DEPARTMENT OF STATE CRETARY OF STATE Division of Corporations

October 16, 2015

SRJPL LAW SCOTT R JABLONSKI 4100 B WICKHAM RD, STE. 107A-221 MELBOURNE, FL 32935

SUBJECT: THE LAW FIRM OF SCOTT R. JABLONSKI, P.L.

Ref. Number: L07000022994

We have received your document for THE LAW FIRM OF SCOTT R. JABLONSKI, P.L. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

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) 245-6051.

Karen A Salv Regulatory Specialist II

Letter Number: 715A00021972

621.12 (3)

850-245-6870

## **COVER LETTER**

TO:		istration Sec ision of Corp			
CUD	ECT.		m of Scott R. Jablonski, P.L.		
SUB	JECT:		Name of Lim	ited Liability Company	
The e	enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	se return	all correspon	ndence concerning this matter	to the following:	
			Scott R. Jablonski		
				Name of Person	
			SRJpl Law		
			**************************************	Firm/Company	
			4100 N. Wickham Rd. Suit	te 10 <b>7A-221</b>	
				Address	<del></del>
			Melbourne, FL 32935		
				City/State and Zip Code	
			scott@srjpllaw.com	to be used for future annual report noti	fication)
For f	ùrther in	nformation co	oncerning this matter, please ca	•	nearony
Scott	t Jablon:			305 7812366 at ()	
		Name of	Person	Area Code Daytim	e Telephone Number
Enclo	osed is a	check for th	e following amount:		
<b>=</b> \$	\$25.00 F	iling 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**

2015 NOV 16 PM 1.

The Law Firm of Scott D. Johlandsi T. J.

cords.) AHASSEE STATE
and assigned
'LLC" or the abbreviation "L.L.C."
, — · · · · · · · · · · · · · · · · · ·
ords, enter the name of the ne
ddress
, Florida
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 = M $AMBR = A$	Manager Authorized Member	20.	ILED
<u>Title</u>	<u>Name</u>	Address Address	16 Ph 1: 2 Type of Action
MGR	Scott R. Jablonski	4100 N. Wickham Rd. TALLAHAS	Type of Action  16 PH 1: 33  RY OF STATE Add  Remove
		Suite 107A-221	Remove
		Melbourne, FL 32935	□ Change
AMBR	Scott R. Jablonski	4100 N. Wickham Rd.	■ Add
		Suite 107A-221	Remove
		Melbourne, FL 32935	Change
			Add
			☐ Remove
			Change
			□ Remove
		<del></del>	Change
		;	□ Remove
			☐ Change
			□ Add
			□ Remove
			Change

		F11 F
		2015 NOV 16 PM 1: 33
		ZUIS NOV 16 PM I S
		TALLAGIAR TOUR
		TACLAHASSEE, FLORIG
		172
	<del> </del>	
fective date, if other than the date of filing: n effective date is listed, the date must be specific and otte: If the date inserted in this block does not mocument's effective date on the Department of States	the applicable statutory filing requi	(optional) n 90 days after filing.) Pursuant to 605.02 rements, this date will not be listed
record specifies a delayed effective da The 90th day after the record is filed.	e, but not an effective time,	at 12:01 a.m. on the earlier
October 12	2015	
,	·	

Page 3 of 3

Filing Fee: \$25.00