

L07000077556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500299352235

05/18/17--01005--007 **35.00

FILED
JUN 16 2017

D. SCOTT

JUN 16 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2017

ROBERT F SPOHRER
701 W ADAMS ST, STE 2
JACKSONVILLE, FL 32204-1641

SUBJECT: SPOHRER & DODD, P.L.
Ref. Number: L07000079856

RECEIVED
JUN 12 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SPOHRER & DODD, P.L. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 317A00010125

FILED
JUN 13 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPOHRER & DODD, P.L.

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:

ROBERT F. SPOHRER

Name of Person

SPOHRER & DODD, P.L.

Firm/Company

701 W ADAMS ST. STE 2

Address

JACKSONVILLE, FL 32204-1641

City/State and Zip Code

Lrobbins@sdlitigation.com

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

For further information concerning this matter, please call:

M. Louise Robbins

904

208-4357

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SPOHRER & DODD, P.L.

(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 August 3, 2007 and assigned
Florida document number L07000079856

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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

City, **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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Roger J Dodd	701 W Adams St, Ste 2	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32204-1641	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Steven R Browning	701 W Adams St, Ste 2	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32204-1641	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Barry E Newman	701 W Adams St, Ste 2	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32204-1641	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gretchen Van Liere	701 W Adams St, Ste 2	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32204-1641	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jay M Howanitz	701 W Adams St, Ste 2	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32204-1641	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jay M Howanitz	701 W Adams St, Ste 2	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32204-1641	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

- | | | | | |
|----|------|-------------------|--|-----|
| 7) | AMBR | Matthew W Spohrer | 701 W Adams St, Ste 2
Jacksonville, FL 32204-1641 | Add |
| 8) | AMBR | Keith L Maynard | 701 W Adams St, Ste 2
Jacksonville, FL 32204-1641 | Add |

FILED
JUN 11 2007
CLERK OF COURT
JACKSONVILLE, FL

[illegible]

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.

Dated June 9, 2017 1

Typed or printed name of signer