

LB8000094333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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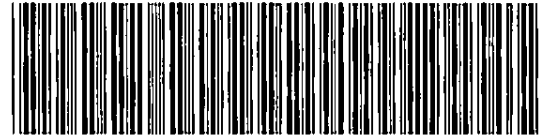
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K. SALLY
OCT 25 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Barrett Fasig & Brooks, PLLC

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:

Dana Brooks Cooper, Esq.

Name of Person

Fasig Brooks, PLLC

Firm/Company

3360 Capital Circle, NE, Suite B

Address

Tallahassee, FL 32308

City/State and Zip Code

dana@tallahasseepersonalinjury.com

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

For further information concerning this matter, please call:

Dana Brooks Cooper

850 224-3310

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

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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> |
|--------------|-------------------------|----------------------------------|--|
| MGR | R. Vinson Barrett, Esq. | 3360 Capital Circle, NE, Suite B | <input type="checkbox"/> Add |
| | | Tallahassee, FL 32308 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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TALLAHASSEE, FL
STATE OF FLORIDA
DEPARTMENT OF
REVENUE

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

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E. Effective date, if other than the date of filing: _____ (optional)

(If an 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 (3)(b)

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.

If the record 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 record is filed.

Dated October 17 2017

Dana Brooks Cooper

Signature of a member or authorized representative of a member

Dana Brooks Cooper, Esq.

Typed or printed name of signee