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COVER LETTER

TO: Registration Division of C			
CLID IN ON	asig & Brooks, PLLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Dana Brooks Cooper, Esq		
	- · · · · · · · · · · · · · · · · · · ·	Name of Person	
	Fasig Brooks, PLLC		
		Firm/Company	
	3360 Capital Circle, NE, S	Suite B	
		Address	
	Tallahassee, FL 32308		
		City/State and Zip Code	
	dana@tallahasseepersonalin		······································
D 6 4 16 1		to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
Dana Brooks Cooper		850 224-3310 at ()	
Name	e 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

2017 OCT 24 MK 11:01

Barrett Fasig & Brooks, PLLC

(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 Compa	ny were filed on October 3, 2008	and assigned
Florida document number 1.08000094333		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Fasig Brooks, PLLC		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or th	e 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 registered agent and/or the new registered office address h	office address on our records, ent	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

New Registered Agent's Signature, it 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>	Address	Type of Action
MGR	R. Vinson Barrett, Esq.	3360 Capital Circle, NE, Suite B	
		Tallahassee, FL 32308	■ Remove
			☐ Change
			
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e: If the date inserted in this l	te date of filing: ust be specific and cannot be prior to date of filing or plock does not meet the applicable statutory fil Department of State's records.	(optional) r more than 90 days after filing.) Pursuant to 605.020 ling requirements, this date will not be listed a
record specifies a delayence 90th day after the re	ed effective date, but not an effective cord is filed.	e time, at $12:01$ a.m. on the earlier ϵ
October 17	2017	
$\overline{\left(\cdot\right)}$	and Rival Con	nou

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00