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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Oungan MAY - 7 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WILKINSON REAL ESTATE SERVICES, LLC
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:

C. WILLIAM CURTIS III, ESQ.

Name of Person

LAW OFFICES OF CURTIS & ASSOCIATES, P.A.

Firm/Company

701 Market Street, Unit 109

Address

St. Augustine, Florida 32095

City/State and Zip Code

NaomiPWilkinson@yahoo.com

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

For further information concerning this matter, please call:

C. William Curtis III

Name of Person

at **(904) 819-6959**

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

FILED
2014 MAY -1 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WILKINSON REAL ESTATE SERVICES, LLC

(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 JUNE 18, 2009 and assigned
Florida document number L09000059711

This amendment is submitted to amend the following:

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

WILKINSON REAL ESTATE SERVICES, PLLC

The new name must be distinguishable and end with 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: LAW OFFICES OF CURTIS & ASSOCIATES, P.A.

New Registered Office Address: 701 Market Street, Unit 109

Enter Florida street address

St. Augustine, Florida 32095

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Naomi Wilkinson	1005 Hanover Lane	<input checked="" type="checkbox"/> Add
		Ponte Vedra, FL 32081	<input type="checkbox"/> Remove
AMBR	Matthew Wilkinson	1005 Hanover Lane	<input checked="" type="checkbox"/> Add
		Ponte Vedra, FL 32081	<input type="checkbox"/> Remove
PST	Naomi Wilkinson	1005 Hanover Lane	<input type="checkbox"/> Add
		Ponte Vedra, FL 32081	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Article VI is hereby added to read as follows:

Article VI SPECIFIC PURPOSE

The specific purpose for which the Professional Limited Liability Company is organized is to

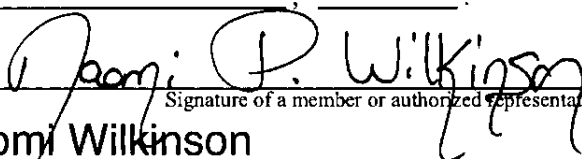
engage in every phase and aspect of the business of rendering the same professional services to the public

that a real estate agent, duly licensed under the laws of the State of Florida, is authorized to render.

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 25, 2014



Signature of a member or authorized representative of a member

Naomi Wilkinson

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA