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2015 MAY 20 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan

MAY 21 2015



miller ewertz law
— ATTORNEYS AT LAW —

Joy P. Ewertz*
Barry B. Johnson
J. Gary Miller

*Florida Supreme Court
Certified Circuit Civil Mediator

May 19, 2015

VIA FEDERAL EXPRESS

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

RE: Miller Ewertz, P.L./ Name Change to Miller, Ewertz, Johnson & Stiles, P.L.

To Whom It May Concern:

In regards to the above referenced matter, enclosed please find the original Articles of Amendment to Articles of Organization along with our firm's trust account check in the amount of \$30.00 representing the filing fees for same. Please ensure that the entity name is changed accordingly and provide our firm with a certificate of status as soon as possible.

Please let me know should you have any questions or require anything further. Thank you very much for your assistance in this matter.

Sincerely,

Renee D. Backhaus
Florida Registered Paralegal

/rdb
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Miller Ewertz, 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:

J. Gary Miller, Esq.

Name of Person

Miller, Ewertz, Johnson & Stiles, P.L.

Firm/Company

429 South Keller Road, Suite 310

Address

Orlando, FL 32810

City/State and Zip Code

gary@millerewertzlaw.com

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

For further information concerning this matter, please call:

J. Gary Miller, Esq.

Name of Person

407

478-7950

at (_____) _____

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
2015 MAY 20 AM 11: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Miller Ewertz, 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 July 13, 2009 and assigned
Florida document number L09000067301.

This amendment is submitted to amend the following:

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

Miller, Ewertz, Johnson & Stiles, P.L.

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

_____, Florida _____
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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

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2015 MAY 20 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 May 19

2015

Signature of a member or authorized representative of a member

J. Gary Miller

Typed or printed name of signee