

LB9000112807

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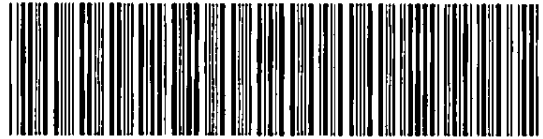
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2025 JUL 4 PM 9:58

8/6/2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Strayhorn, Persons-Mulicka & Fisher P.L.L.C.
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:

Name of Person

Strayhorn & Persons-Mulicka P.L.L.C.
Firm/Company

2125 First Street Suite 201
Address

Ft. Myers, FL 33901
City/State and Zip Code

Bruce@strayhornlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

E. Bruce Strayhorn at (239) 334-1260
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2025

JENNA PERSONS-MULICKA
2125 FIRST STREET
SUITE 201
FORT MYERS, FL 33901

SUBJECT: STRAYHORN, PERSONS-MULICKA & FISHER, P.L.
Ref. Number: L09000112807

We have received your document for STRAYHORN, PERSONS-MULICKA & FISHER, P.L. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 225A00015110



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2025

E. BRUCE STRAYHORN
2125 FIRST STREET
SUITE 201
FORT MYERS, FL 33901

SUBJECT: STRAYHORN, PERSONS-MULICKA & FISHER, P.L.
Ref. Number: L09000112807

We have received your document for STRAYHORN, PERSONS-MULICKA & FISHER, 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):

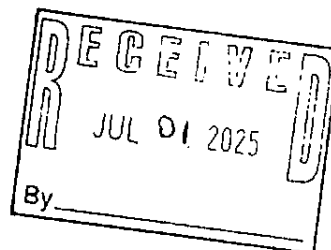
The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 125A00012953



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

Strayhorn, Persons-Mulicka & Fisher, P.L.

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

2025-11-24 At 9:58

The Articles of Organization for this Limited Liability Company were filed on November 24, 2009 and assigned
Florida document number L09000112807.

This amendment is submitted to amend the following:

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

Strayhorn & Persons-Mulicka, P.L.L.C.

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

[illegible]

[illegible]

(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.

Dated July 28th, 2025

E. Bruce Strayhorn
Typed or printed name of signer