

109000118242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

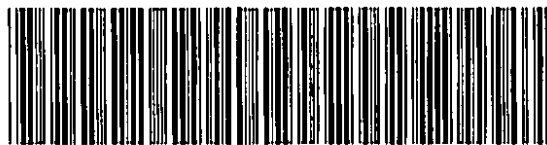
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2017 JUL 24 A 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D BRUCE
JUL 27 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M. Faehner, Esq., 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:

Michael J. Faehner

Name of Person

M. Faehner, Esq. LLC

Firm/Company

600 Bypass Dr Ste 100

Address

Clearwater, FL 33764

City/State and Zip Code

filings@mfaehner.com

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

For further information concerning this matter, please call:

Thomas Campbell

727 443-5190
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

2017 JUL 24 AM 11:06
RECEIVED
TALLAHASSEE, FLORIDA

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

M. FAEHNER, ESQ., 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 12/14/2009 and assigned
Florida document number L09000118242.

This amendment is submitted to amend the following:

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

M. FAEHNER, ESQ. LLC

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)

FILED
2009 DEC 24 AM 11:05
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

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>
MGRM	FAEHNER, MICHAEL J., ESQ.	600 BYPASS DR STE 100	<input type="checkbox"/> Add
		CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FAEHNER, MICHAEL J., ESQ.	600 BYPASS DR STE 100	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL 33764	<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

FILED
2021 JUN 11 PM 02
CLERK OF DISTRICT COURT
JULIA M. CUNY
TALLAHASSEE, FLORIDA

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

Article III shall be stricken in its entirety and replaced with the following language:

The purpose for which this Limited Liability Company is organized is to act as the business entity through which its members, managers, and employees who are qualified to render legal services in Florida to engage in the practice of law in the state of Florida.

FILED
2017 JUL 20 AM 10:06
TALLAHASSEE, FLORIDA

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

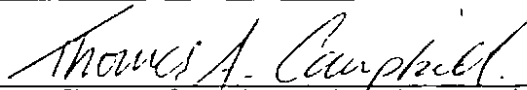
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 July 20, 2017



Signature of a member or authorized representative of a member

Thomas Campbell

Typed or printed name of signer