

L100000071708

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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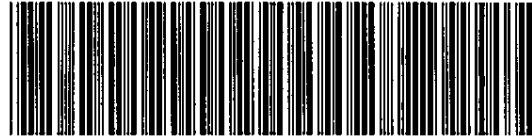
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 24 2014

J. BROOKS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2014

KRISTOPHER D. ROBINSON
ROBINSON COLLINS, P.L.
3955 RIVERSIDE AVENUE, SUITE 350
JACKSONVILLE, FL 32205

SUBJECT: THE LAW OFFICE OF F. SUSANNAH COLLINS, PLLC
Ref. Number: L10000071708

We have received your document for THE LAW OFFICE OF F. SUSANNAH COLLINS, PLLC and check(s) totaling \$60.00. However, the document has not been filed and is being retained in this office for the following reason(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 614A00001234

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OFFICE OF THE
CLERK OF THE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Law Office of F. Susannah Collins, PLLC
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:

Kristopher D. Robinson

Name of Person

Robinson Collins, P.L.

Firm/Company

3955 Riverside Avenue, Suite 350

Address

Jacksonville, Florida 32205

City/State and Zip Code

nolege@msn.com

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

For further information concerning this matter, please call:

Kristopher D. Robinson

Name of Person

at 904 254-4511

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

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TALLAHASSEE FLORIDA

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

The Law Office of F. Susannah Collins, 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 Company were filed on 07-06-2010 and assigned
Florida document number L10000071708.

This amendment is submitted to amend the following:

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

Robinson Collins, P.L.

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)

3955 Riverside Avenue
Suite 350
Jacksonville, Florida 32205

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3955 Riverside Avenue
Suite 350
Jacksonville, Florida 32205

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:

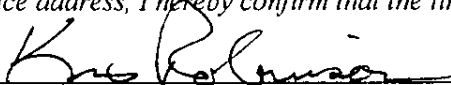
Name of New Registered Agent: Kristopher D. Robinson

New Registered Office Address: 3955 Riverside Avenue, Suite 350
Enter Florida street address

Jacksonville, Florida 32205
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>
Mr. MGR	Kristopher D. Robinson	3955 Riverside Avenue, Suite 350	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32205	<input type="checkbox"/> Remove
Ms. MGR	F. Susannah Collins	3955 Riverside Avenue, Suite 350	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32205	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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JACKSONVILLE, FLORIDA

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

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 more than 90 days after filing.) (605.0207 (3)(b))

Dated January 8, 2014



Signature of a member or authorized representative of a member

Kristopher D. Robinson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA