L10000118297

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SECRETARY OF STATE

FEB - 6 2013 **T. HAMPTON**

COVER LETTER ,

TO:

Registration Section Division of Corporations

THE HARPER LAW FIRM, PLLC

SUBJECT:

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:

KAMARIA H. WILLIAMS

Name of Person

HARPER GAINES, PL

Firm/Company

121 W. Forsyth Street, Ste 600

Address

JACKSONVILLE, FL 32202

City/State and Zip Code

khw@harpergaines.com

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

For further information concerning this matter, please call:

ETHELBERT NWANEGBO

,904<u>,</u>265-076

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



January 29, 2014

KAMARIA H WILLIAMS 121 W FORSYTH ST STE 600 JACKSONVILLE, FL 32202

SUBJECT: THE HARPER LAW FIRM, PLLC

Ref. Number: L10000118297

We have received your document for THE HARPER LAW FIRM, PLLC and your check(s) totaling \$55.00. 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) 245-6051.

Letter Number: 914A00001987

Tammy Hampton Regulatory Specialist III

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Harper Law Firm, PLLC

company has been notified in writing of this change.

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000118297</u> . This amendment is submitted to amend the following:	were filed on 11/15/2010	SECRETARY SECRETARY	
A. If amending name, enter the new name of the limited liabi	ility company here:	PH D	
Harper Gaines, PLLC		3: C	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation U.L.C."	
Enter new principal offices address, if applicable:	121 W. Forsyth Street		
(Principal office address MUST BE A STREET ADDRESS)	Suite 600		
	Jacksonville, FL 32202		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		enter the name of the new	
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 agre	ee to act in this capacity. I furth	er agree to comply with the	

If Changing Registered Agent, Signature of New Registered Agent

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

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>Address</u> Type of Action Title Name Arnold S. Gaines 1505 Avenue Q **MGRM** □ Add Ft. Pierce, FL 34950 Remove Arnold S. Gaines 121 W. Forsyth Street **MGRM** ■ Add Ste. 600 ☐ Remove Jacksonville, FL 32202 □ Add ☐ Remove ☐ Add ☐ Remove □ Remove

. If amending any other information, enter ch	ange(s) here:	(Attach additional sheets,	if necessary.)
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Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	e of receipt or file	d date and cannot be more than 90	(optional) O days after
Dated February 4	2014		
KAHA		- '	
·	ember or author i	ized representative of a member	
Kamaria H. Williams			
	Typed or printed	name of ciange	

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE

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