

L10000118297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

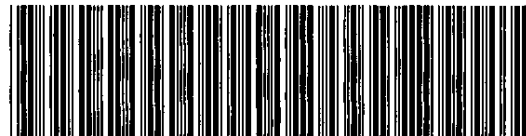
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700252862317

01/24/14--01028--005 \*\*55.00

FILED

2014 FEB 5 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB - 6 2013

T. HAMPTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: THE HARPER LAW FIRM, 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:

**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** at **904 265-0765**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 914A00001987

FILED  
and assigned  
2014 Feb 5 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
The abbreviation "S.L.C."

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>
MGRM	Arnold S. Gaines	1505 Avenue Q	<input type="checkbox"/> Add
		Ft. Pierce, FL 34950	<input checked="" type="checkbox"/> Remove
MGRM	Arnold S. Gaines	121 W. Forsyth Street	<input checked="" type="checkbox"/> Add
		Ste. 600	<input type="checkbox"/> Remove
		Jacksonville, FL 32202	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
 2014 Feb 5 PM 3:05  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

---

---

---

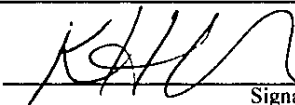
---

---

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **February 4**, **2014**



Signature of a member or authorized representative of a member

**Kamaria H. Williams**

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

**FILED**  
2014 FEB 5 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA