

L1100000 4763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

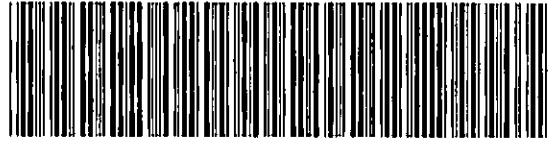
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FL

R. WHITE

MAR 11 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2019

BICHLER OLIVER, LONGO & FOX, PLLC
541 SOUTH ORLANDO AVE STE 310
MAITLAND, FL 32751

SUBJECT: BICHLER, OLIVER, LONGO & FOX, PLLC
Ref. Number: L11000004763

We have received your document for BICHLER, OLIVER, LONGO & FOX, PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be dated and signed by a member or authorized representative of a member. Also the typed and printed name of signee must be included.

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.

Rebekah White
Regulatory Specialist III

Letter Number: 719A00004319

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bichler, Oliver, Longo & Fox, 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:

Ann Hortenstine
Name of Person

Bichler & Longo, PLLC
Firm/Company

541 S. Orlando Ave Ste 310
Address

Maitland, FL 32751
City/State and Zip Code

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

For further information concerning this matter, please call:

Ann Hortenstine at (407) 549-3777
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)

Previously
sent- see
letter attached

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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STATE
TALLAHASSEE, FL

Page 1 of 3

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

[illegible]

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 3/8 2019

Signature of a member of authoring team

Signature of a member or authorized representative of a member

Geoffrey Bichler
Typed or printed name

Typed or printed name of signee