

L110000069673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

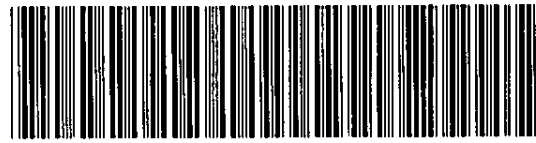
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NO \$

NOV - 5 2014
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE LAW OFFICE OF JUDITH B. PAUL, 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:

Judith B. Paul

Name of Person

The Law Office of Judith B. Paul, LLC

Firm/Company

4040 W. Newberry Rd. Suite 1500

Address

Gainesville, FL 32607

City/State and Zip Code

Judy@JBPaulLaw.com

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

For further information concerning this matter, please call:

Judith B. Paul

Name of Person

at **352 872-5911**

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

October 23, 2014

JUDITH B PAUL
4040 W NEWBERRY RD
STE 1500
GAINESVILLE, FL 32607

SUBJECT: LAW OFFICE OF JUDITH B. PAUL, LLC.
Ref. Number: L11000069673

We have received your document for LAW OFFICE OF JUDITH B. PAUL, LLC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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: 314A00022732

THE LAW OFFICE OF JUDITH B. PAUL, LLC
4040 W. Newberry Rd. Suite 1500
Gainesville, FL 32607

Judith B. Paul, Esq.

T: 352-872-5911
F: 352-872-5912

October 12, 2014

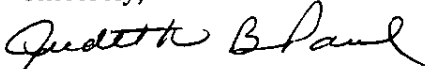
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Law Office of Judith B. Paul, LLC : Change address, change telephone number, change registered agent

To Whom It May Concern:

Enclosed is my cover letter and articles of amendment for the above named changes to my Company. There is no change to the manager or other authorized member. Please file and send me a notice of acknowledgement. A check for \$25.00 is enclosed.

Sincerely,


Judith B. Paul

Enc. As stated

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

THE LAW OFFICE OF JDUITH B. PAUL, 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 July 2011 and assigned Florida document number L11000069673.

This amendment is submitted to amend the following:

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

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)

4040 W. Newberry Rd.

Suite 1500

Gainesville, FL 32607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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: Michelle Farkas

New Registered Office Address: 2114 NW 40th Terr. Suite C-2,

Enter Florida street address

Gainesville, Florida 32605-3592

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> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
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 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 Oct. 13, 2014

Judith B. Paul

Signature of a member or authorized representative of a member

JUDITH B. PAUL

Typed or printed name of signee

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TALLAHASSEE, FLORIDA