

L11000100582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

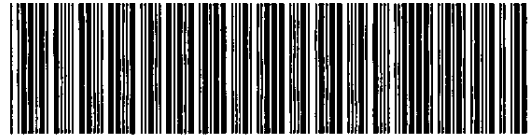
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 JUL 31 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG - 1 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SLW SOLICITORS, 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:

SIMON WISEMAN

Name of Person

SLW SOLICITORS, LLC

Firm/Company

1115 E. LIVINGSTON STREET,

Address

ORLANDO, FL 32803

City/State and Zip Code

swiseman@wisemantriallaw.com

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

For further information concerning this matter, please call:

SIMON WISEMAN

Name of Person

at (407) 420-4647

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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

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

SLW SOLICITORS, 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 9/1/11 and assigned
Florida document number L11000100582

This amendment is submitted to amend the following:

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

SLW SOLICITORS, PLLC

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)

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:

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 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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

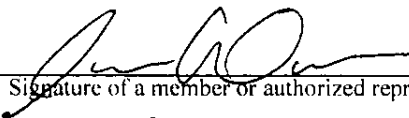
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

AMENDING ARTICLE III TO STATE: "THIS PLLC IS ORGANIZED FOR THE FOLLOWING PURPOSES: (a) TO ENGAGE IN THE PRACTICE OF LAW AS A PROFESSIONAL LAW LIMITED LIABILITY COMPANY AND TO CARRY ON SERVICES INCIDENT TO THE PRACTICE OF LAW. THE PRACTICE OF LAW IS THE SOLE AND EXCLUSIVE PROFESSIONAL SERVICE TO BE RENDERED BY THIS COMPANY; (b) TO OWN,

Dated JULY 9TH, 2013.



Signature of a member or authorized representative of a member

SIMON WISEMAN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

→ PROPERTY, ENTER INTO CONTRACTS, AND TO CARRY ON ANY BUSINESS NECESSARY OR INCIDENTAL TO THE ACCOMPLISHMENT OR FURTHERANCE OF THE PURPOSES OR OBJECTS OF THIS COMPANY; AND (c) THE PROFESSIONAL SERVICES OF THIS PROFESSIONAL LIMITED LIABILITY COMPANY SHALL BE CARRIED OUT ONLY THROUGH OFFICERS, EMPLOYEES, AND AGENTS, EACH OF WHOM HAS BEEN ADMITTED TO THE BAR OF, AND IS DULY AUTHORIZED TO PRACTICE LAW IN, THE STATE OF FLORIDA.

RECEIVED
CLERK OF THE
SOLICITOR GENERAL
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2013

SIMON WISEMAN
1115 E. LIVINGSTON STREET
ORLANDO, FL 32803

SUBJECT: SLW SOLICITORS, LLC
Ref. Number: L11000100582

We have received your document for SLW SOLICITORS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 713A00017183

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TALLAHASSEE, FLORIDA

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