

L120000067706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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15 MAY - 1 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY - 5 2015  
T. HAMPTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Carpenter & McLeod, P.L.**

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:

**William Carpenter**

Name of Person

**Carpenter & McLeod, P.L.**

Firm/Company

**511 W. Bay Street Suite 350**

Address

**Tampa, Florida 33606**

City/State and Zip Code

**chase@wchasecarpenterlaw.com**

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

For further information concerning this matter, please call:

**William Carpenter**

**813**

**280-1180**

at ( )

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

511 West Bay Street, Suite 350  
Tampa, Florida 33606



Main | 813 280 1180  
Fax | 813 321 1882

April 28, 2015

*Sent via U.S. Mail*

Tammy Hampton  
Regulatory Specialist III  
Florida Department of State, Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Letter Number 715A00007406 – Corrected Amendment**

Dear Ms. Hampton,

I am in receipt of your letter dated April 15, 2015 (Letter Number: 715A00007406) instructing the firm to correct the designation of the new name for the Name Change Amendment to reflect the proper professional limited liability designation. I have attached the letter as instructed as well as the corrected amendment properly reflecting the "PLLC" designation for the amended name.

Should you need any further information regarding this filing, please contact me directly at 813-280-1181.

Sincerely

A handwritten signature in black ink, appearing to read 'W. Chase Carpenter', with a long, sweeping horizontal line extending to the right.

W. Chase Carpenter, Esq.

Encl.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 15, 2015

WILLIAM CARPENTER  
CARPENTER & MCLEOD, PL  
511 W BAY ST - STE 350  
TAMPA, FL 33606

SUBJECT: CARPENTER & MCLEOD, P.L.  
Ref. Number: L12000067706

We have received your document for CARPENTER & MCLEOD, P.L. 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 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: 715A00007406

RECEIVED  
15 MAY -1 AM 10:00  
INFORMATION SERVICES

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

Carpenter & McLeod, P.L.

(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 5/21/2012 and assigned  
Florida document number L12000067706.

This amendment is submitted to amend the following:

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

The Law Office of W. Chase Carpenter, PLLC

The new name must be distinguishable and contain 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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SECRETARY OF STATE  
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 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 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
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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15 MAY - AM 11:46  
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TALLAHASSEE, FLORIDA

[illegible]

**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.

Dated April 28, 2015

Signature of member or authorized agent

Signature of member or authorized representative of a member

**William Chase Carpenter**

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAY -1 AM 10:46

FILED