

L13000008994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

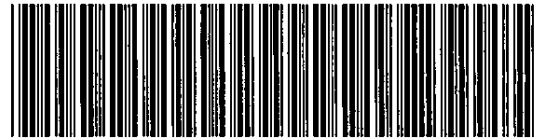
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2017 APR 18 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

APR 20 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2017

TELFER, FAHERY, ANDERSON & HAWKINS, PL
JUDITH UDDO
815 S WASHINGTON AVE, STE. 201
TITUSVILLE, FL 32780

SUBJECT: TELFER, FAHERY, ANDERSON & HAWKINS, PL
Ref. Number: L13000008994

We have received your document for TELFER, FAHERY, ANDERSON & HAWKINS, PL and your check(s) totaling \$35.00. 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 817A00006666

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2017 APR 18 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Telfer, Faherty, Anderson + Hawkins, 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:

Judith Uddo
Name of Person
Telfer, Faherty, Anderson + Hawkins, P.L.
Firm/Company
815 S. Washington Ave Ste 201
Address
Titusville, FL 32780
City/State and Zip Code
juddo@ctrfa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judith Uddo at (321) 269-6833
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Telfer, Faherty, Anderson + Hawkins, P.L.

(Name of the Limited Liability Company as it now appears on our records, and assigned to the Secretary of State)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/14/2013 and assigned to the Secretary of State.
Florida document number L13000008994

This amendment is submitted to amend the following:

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

Telfer, Faherty + Anderson P.L.L.C.

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)

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>
<u>Member</u>	<u>Brigitta Hawkins</u>	<u>4155 Hammock Rd</u>	<input type="checkbox"/> Add
		<u>Mims, FL 32754</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2001 APR 28 PM 3:56
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TALLAHASSEE, FLORIDA

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

Brigitta Hawkins has resigned and tendered her
9% membership interest back to the P.L.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 3-1-2017 (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

4-3

2017



Signature of a member or authorized representative of a member

Daniel P. Faherty

Typed or printed name of signee