

# L13000011351

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

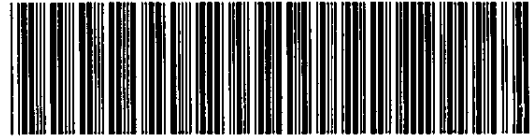
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14 MAR -3 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**7:00 PM MAR 4 2014**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Rayfield, Sepulveres & Wright, 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:

Christopher Wright

\_\_\_\_\_  
Name of Person

Rayfield, Sepulveres & Wright

\_\_\_\_\_  
Firm/Company

33 E. Robinson St., Ste. 215

\_\_\_\_\_  
Address

Orlando, FL 32801

\_\_\_\_\_  
City/State and Zip Code

cwright@wrightlawfl.com

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

For further information concerning this matter, please call:

Christopher Wright

407

908-2509

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

**Rayfield, Sepulveres & Wright, LLC**

Page 1 of 3

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TALLAHASSEE, FLORIDA

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
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

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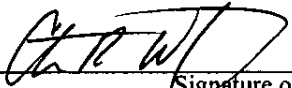
**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

The corporate structure is being changed to a PLLC because of the nature  
of the business we transact. The primary function of the company is to  
operate as a law firm.

**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 more than 90 days after filing.) (605.0207 (3)(b))

Dated February 26, 2014



Signature of a member or authorized representative of a member

Chris Wright, Managing Member

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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14 MAR -3 PM 3:05  
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