

L140000 77719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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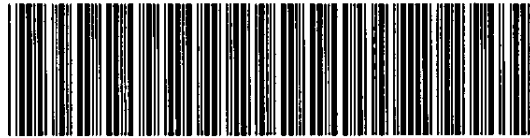
(Business Entity Name)

(Document Number)

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15 MAY - 8 AM 8:57  
STATE TARY OF STATE  
TALLAHASSEE, FLORIDA

↓ 6:00 PM MAY 14 2015



**MATTHEWS | BOWEN**  
**TRIAL ATTORNEYS**

Via U.S. Mail and E-mail at [corphelp@dos.myflorida.com](mailto:corphelp@dos.myflorida.com)

Att: Justin Shivers  
Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Mr. Shivers:

Enclosed is a revised Articles of Amendment to Articles of Organization of Matthews Bowen, PLLC. I learned today that the first amendment that I submitted on April 24, 2015 was not approved because the new name – Marc Matthews, PLLC – was not available. While Marc Matthews, PLLC was not in use, I expect that the name of my professional association – Marc Matthews, PA – may have held up that approval. I am the owner of both entities and approved the name change and separate uses. In an effort to try to clear up some of the confusion, I revised the attached amendment to change the name to Marc D. Matthews, PLLC rather than Marc Matthews, PLLC. Pursuant to the advice I received when I called your offices today, I did not include another check, but instead only revised the new name.

Please do not hesitate to call me on my cell phone at (813) 990-7798 if you need any additional information or clarification. Your help is greatly appreciated in my efforts to try to change the name of my PLLC as expeditiously as possible.

Sincerely,

Marc Matthews

15 MAY - 8 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 4, 2015

marc matthews  
400 n ashley dr suite 2600  
tampa, FL 33602

SUBJECT: marc matthews, pllc  
Ref. Number: L14000073319

We have received your document for marc matthews, pllc 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 designated in your document is unavailable since it is the same as, or it is *not distinguishable* from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 915A00009096

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MATTHEWS BOWEN, PLLC**

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:

**Marc Matthews**

Name of Person

**Marc Matthews, PLLC**

Firm/Company

**400 N. Ashley Drive, Suite 2600**

Address

**Tampa, FL 33602**

City/State and Zip Code

**Marc@Matthewstriallaw.com**

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

For further information concerning this matter, please call:

**Marc Matthews**

at **813** **530-1000**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

MATTHEWS BOWEN, PLLC

(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 May 6, 2014 and assigned Florida document number L14000073319.

This amendment is submitted to amend the following:

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

Marc D. Matthews, 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

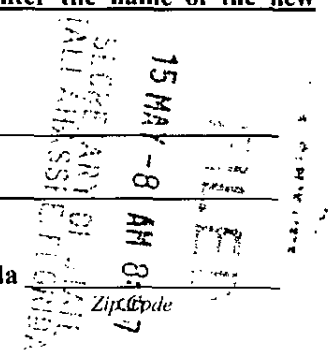
**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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 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>
MGR	Marc Matthews	3505 W Obispo St	<input checked="" type="checkbox"/> Add
		Tampa, FL 33629	<input type="checkbox"/> Remove
MGR	Lisha Bowen, P.A.	400 N. Ashley Drive, Suite 2600	<input type="checkbox"/> Add
		Tampa, FL 33602	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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 May 11, 2015

*Marc Matthews*

Signature of a member or authorized representative of a member

Marc Matthews

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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