

L14000092443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

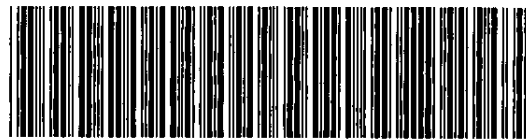
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

JUN 19 2014
J. HARRIS

taylor | english

Cheryl S. Ware
Email: cware@taylorenghish.com
Phone: 678-336-7213

June 16, 2014

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EXPEDITED SERVICE REQUESTED

Re: The Shearer Firm LLC
Articles of Amendment to Articles of Organization

Dear Clerk:

Enclosed please find the following original and one copy in connection with the referenced entity:

1. Cover Letter;
2. Articles of Amendment to Articles of Organization; and
3. One check in the amount of \$25.00 for filing fees.

Please file the original and return the file stamped copy in the enclosed, postage paid envelope. Thank you for your assistance. If you have any questions, please do not hesitate to contact me.

Best regards,

TAYLOR ENGLISH DUMA LLP



Cheryl S. Ware
Paralegal

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Shearer Firm 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:

Cheryl S. Ware

Name of Person

Taylor English Duma LLP

Firm/Company

1600 Parkwood CIR SE STE 400

Address

Atlanta, GA 30339

City/State and Zip Code

cware@taylorenghish.com

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

For further information concerning this matter, please call:

Cheryl S. Ware

Name of Person

at **(678) 336-7296**

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 &
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**

The Shearer Firm 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 June 9, 2014 and assigned Florida document number L14000092443.

This amendment is submitted to amend the following:

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

William B. Shearer, Jr. LLC

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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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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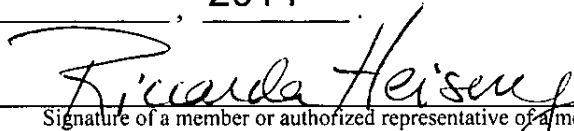
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 June 16, 2014



Signature of a member or authorized representative of a member

Riccarda Heising, Authorized representative

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
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