# L14000135500

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Do	ocument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		:
:		

Office Use Only



000266235380

11/14/14--01021--029 \*\*25.00

2014 DEC -9 AM \$0: 02

DEC 1 2 2014 T CLINE



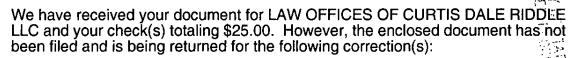
### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 24, 2014

ROBIN PLATZER 4509 BEE RIDGE ROAD, SUITE A SARASOTA, FL 34233

SUBJECT: LAW OFFICES OF CURTIS DALE RIDDLE LLC

Ref. Number: L14000135500



The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

You must list in the document what professional services that are being provided.

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.

Tammi Cline Regulatory Specialist II

Letter Number: 314A00024906

RECEIVED

14 DEC -9 MID: 00

14 DEC -9 MID: 00

14 DEC -9 MID: 00

14

9 逐步02

# **COVER LETTER**

		on Section f Corporations		
CHD IE		OFFICES OF CURTIS E	ALE RIDDLE LLC	
SUBJEC		Name of L	imited Liability Company	
The encl	losed Articl	es of Amendment and fee(s) are s	ubmitted for filing.	
Please re	eturn all con	respondence concerning this matt	er to the following:	
		ROBIN PLATZER		
			Name of Person	
		LLJ ACCONTING		2111 DEC -9
			Firm/Company	9-9
		4509 BEE RIDGE	ROAD SUITE A	
			Address	- 02 - 02
		SARASOTA, FL 3	4233	22
			City/State and Zip Code	
		ROBIN@THETAXI	HANDLERS.COM s: (to be used for future annual report notifica	tion)
For furth	her informa	tion concerning this matter, please	•	,
	N PLAT	-	813 928-6863	
		ame of Person	at ()	elephone Number
Enclosed	d is a check	for the following amount:		
\$25.	.00 Filing F	ee \$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)
	R D P	AAILING ADDRESS: Legistration Section Division of Corporations .O. Box 6327 Callahassee, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAW OFFICES OF CURTIS DAL		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.  a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L14000135500	Company were filed on 08282014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
LAW OFFICES OF CURTIS DALE RIDDLE	- PLLC.	34 2
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "L,L.C."
Enter new principal offices address, if applicable:		33.00
(Principal office address MUST BE A STREET ADD	RESS)	
	<u> </u>	
		5 65 02
Enter new mailing address, if applicable:	· · ·	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		ui da
	, Floi	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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Remove
			□ Add
			12 (A) 12 (B) 12
			Remove
			50 02 D Add
			□ Remove
			□ Add
			Remove
			□ Remove

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
Effective date, if other than the date of filing:		
Dated November 4 2014.  Signature of a member or authorized representative of a member		
Curtis Dale Riddle Typed or printed name of signee	THE ANALYSIS	2014 DEC -
	1985 - 1386 1985 - 1386	··9 藏 (): (

Page 3 of 3

Filing Fee: \$25.00