# L14000174825

(Requestor's Name)	-
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(City/State/Zip/Phone #)	_
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(Document Number)	_
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Suffix Wh	ļ
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FILED PH 5: 00

M1/18/14

# **COVER LETTER**

Division of Cor	for serons		
SUBJECT:	PATRICK J. C	CASEY PL	
	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ndence concerning this matter	r to the following:	
	Patrick J. Casey		
		Name of Person	
	Patrick J. Casey	PLLC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	P.O. Box 31657		
		Address	
	Palm Beach Gar	dens, Florida 33420	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	pcasey33@com		G
For firether information of	r-mail address:	to be used for future annual report notified	neation)
	• .,		
Patrick J. Casey		561 373-9780 at ()	
Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	e 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

# ARTICLES OF AMENDME TO ARTICLES OF ORGANIZATION **OF**

## PATRICK J. CASEY PL

(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 Com	pany were filed on Noven	nber 10, 2014 and assigned
Florida document number	L14000174825		
This amendment is submitted	d to amend the following:		
A. If amending name, ente	r the new name of the limited	liability company here:	
PATRICK J. CASEY	PLLC		
The new name must be distinguish	able and end with the words "Limited	I Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices	address, if applicable:		
(Principal office address M	UST BE A STREET ADDRES	<u>(S)</u>	
	A POST OFFICE BOX)	ed office address on our	records, enter the name of the new
Name of New Regi	stered Agent:		
New Registered Of	fice Address:	Enter Florida str	vet 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 = 1	Manager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
			□ Remove
			□ Add
		·	☐ Remove
		·	
			☐ Remove
<del></del>			□ Add
		\$1.00 April 10 April	□ Remove
			D Add
			□ Remove
			Remove

. If am	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
	ive date, if other than the date of filing: (optional) ctive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated	November 18, 2014
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

14 NOV 18 PH S: 00