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18 OCT 25 PH 6: 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Se Division of Cor		•		
CARTER I	FOREMAN, PLLC			
SUBJECT.	Name of Limited Lia	bility Company		
The enclosed Articles of	Amendment and fee(s) are submitted	for filing.		
Please return all correspo	indence concerning this matter to the f	`ollowing:		
	GARRETT GAJÐUSEK			
		Name of Person		
	CARTER FOREMAN, PLLC			
		Firm/Company		<u>,</u>
	5308 SPRING HILL DRIVE			吕丁
	SPRING HILL, FLORIDA 34606	Address	ASSEE, F	FILEU 6:32
	City/ GARRETTG@CARTERFOREMA	State and Zip Code AN.COM	LORIUS	6: 32
	E-mail address: (to be use	ed for future annual report notifica	ation)	
For further information c	oncerning this matter, please call:			
GARRETT GAJDUSEK		352 686-6278 at ()		
Name o	f Person	Area Code Daytime T	elephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	Certificate of Status	555.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is encl	

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

CARTER, CLENDENIN & FOREMAN, PLLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our reconted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Com	pany were filed on 10/28/2014	and assigned
Florida document number L14000176432		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Carter Foreman, PLLC		
The new name must be distinguishable and contain 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 ADDRES	'S)	
Enter new mailing address, if applicable:		18 SICO
(Mailing address MAY BE A POST OFFICE BOX)		P CT F
		25 SSE
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ords, enter the pame of the
Name of New Registered Agent:		-
New Registered Office Address:		
Tion Neglotored Office Hudicon.	Enter Florida street ad	ldress
		. 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action <u>Title</u> <u>Name</u> <u>Address</u> _□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change **☆**□ Add Remove \square _**⊈**Change bb≰‡⊒ □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	——————————————————————————————————————
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	10/19/2018
(If an ef Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	OCTOBER 19 2018
	Signature of a member or authorized representative of a member
	MATTHEW A. FOREMAN AS MANAGER Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00