

L15000057797

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(City/State/Zip/Phone #)

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L15-57797  
Amend NC

11/09/15--01018--022 \*\*25.00

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15 NOV 19 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 19 2015

N. CAUSSEAU

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Law Offices of A. Gaines, 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:

Arnold S. Gaines, Esq.

\_\_\_\_\_  
Name of Person

Law Offices of A. Gaines, LLC

\_\_\_\_\_  
Firm/Company

Post Office Box 37

\_\_\_\_\_  
Address

Fort Pierce, Florida 34954

\_\_\_\_\_  
City/State and Zip Code

asg@asgaineslaw.com

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

For further information concerning this matter, please call:

Arnold S. Gaines

772 214-2512  
at ( )

\_\_\_\_\_  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 10, 2015

ARNOLD S. GAINES, ESQUIRE  
LAW OFFICES OF A. GAINES, LLC  
P.O. BOX 37  
FT. PIERCE, FL 34954

SUBJECT: LAW OFFICES OF A. GAINES LLC  
Ref. Number: L15000057797

We have received your document for LAW OFFICES OF A. GAINES LLC 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 specific purpose of the entity must be set forth in the document.

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.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 815A00023828

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Law Offices of A. Gaines, 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 04/1/2015 and assigned  
Florida document number L15000057797.

This amendment is submitted to amend the following:

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

Law Offices of A. Gaines, 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 ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

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TALLAHASSEE, FLORIDA

**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 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

| <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"/> Change |
|              |             |                | <input type="checkbox"/> Add    |
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|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The specific purpose of this entity is to provide legal services and legal representation to the public as a law firm. Services will be provided under Florida Bar Number 0670928, Arnold S. Gaines.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated Nov. 5, 2015

  
Signature of a member or authorized representative of a member

Arnold S. Gaines

Typed or printed name of signee