

L15 0000 89763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

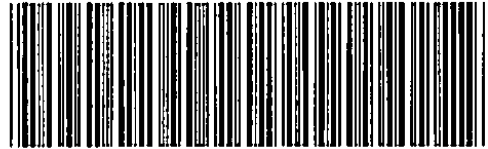
(Document Number)

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OFFICE OF STATE  
TREASURY  
TALLAHASSEE, FL

2/18/21

# COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Following Carl 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:

Gary L Deel

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

Following Carl LLC

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

8385 Vivaro Isle Way

\_\_\_\_\_  
Address

Windermere, FL 34786

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

garyleedeel@gmail.com

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

For further information concerning this matter, please call:

Gary L Deel

845

220-8284

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Following Carl 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 05/15/2015 and  
Florida document number L15000089763.

This amendment is submitted to amend the following:

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

FC Consulting & Expert Witness LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".

**Enter new principal offices address, if applicable:**

8385 Vivaro Isle Way

**(Principal office address MUST BE A STREET ADDRESS)**

Windermere, FL 34786

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

8385 Vivaro Isle Way

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

Windermere, FL 34786

**B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here:**

Name of New Registered Agent:

Gary L Deel

New Registered Office Address:

8385 Vivaro Isle Way

*Enter Florida street address*

Windermere

*City*

Florida 34786

*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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Ty</u>
_____	_____	_____	<input type="checkbox"/>
		_____	<input type="checkbox"/>
		_____	<input type="checkbox"/>
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		_____	<input type="checkbox"/>
		_____	<input type="checkbox"/>

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

No other updates. Just amending company name, and addresses for company and registered agent. That is all.

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U.S. STATE  
TALL, FL

**E. Effective date, if other than the date of filing:** immediately (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

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

(b) The 90th day after the record is filed.

Dated JANUARY 6, 2021

Signature of a member or authorized representative of a member

Gary L Deel

Typed or printed name of signee