# L15000113912

(Red	questor's Name)	
(Add	iress)	
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(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	<u> </u>
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 19, 2018

SHELLEY ELAINE PANAS 3821 127TH PKWY SARASOTA, FL 34235

SUBJECT: SHELLEY ELAINE PARLIN PLLC

Ref. Number: L15000113912

We have received your document for SHELLEY ELAINE PARLIN PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida profit corporation, but your entity is a Florida limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 318A00012784

#### **COVER LETTER**

TO: Registration Section Division of Corporati	ions			
SUBJECT: SHELLEY	LELAINE PART	IN PLIC		
SOBJECT:	Name of Limit	ted Liability Company		<del></del>
The enclosed Articles of Amen	dment and fee(s) are subn	nitted for filing.		
Please return all correspondence	e concerning this matter t	o the following:		
_	SHELLEY PA	Name of Person		
		Name of Person		
_	<u>.</u>	Firm/Company		
	76	, ,		
_	3821 275	PKWY Address	<del></del>	<del></del>
	JARASOIA,	FL 34235 City/State and Zip Code	e	
		ANAS @ GMAII		
_	E-mail address: (t	o he used for future annua	il report notificati	on)
For further information concern	ning this matter, please ca	ill:		
SHELLEY PAN	AS	at (941,	960-51	15
Name of Perso	и	Area Code	Daytime Tel	lephone Number
Enclosed is a check for the foll	owing amount:			
□ \$25.00 Filing Fee □	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is ea		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
PREVIOUSLY PAI	p \$35			(additional copy is enclosed)
PHOTOCOPY (	OF CASHED CHECK	. ENCLOSED		
MAILING / Registration Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Registra Divisio Clifton	ET/COURTER ation Section in of Corporation Building xecutive Center	ns

Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHELLEY ELANG PARLI	V, PLIC
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L15000113912</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Y ELAINE PANAS, PLLC
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3HAN
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address here:	ce address on our records, <u>enter the name of the ne</u>
Name of New Registered Agent: SH	ELLEY ELAINE PANAS
New Registered Office Address: 3821 2	PKWY Enter Florida street address

#### 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.

of Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SHELLEY ELAINE PANAS	3821 27th PKWY	
		SARASOTA, FL	☐ Remove
		34235	A Change
		·	D Add
			□ Remove
			Change
			Remove
			Change
			Remove
			Change
			☐ Remove
			Change
			🗖 Remove
			☐ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	<del></del>
Note: 1	tive date, if other than the date of filing:
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o Oth day after the record is filed.
Dated _	06/10/18
	Signature of a member or authorized representative of a member  SHELLEY E. PANAS  Typed or printed name of signee
	SHELLEY E. PANAS

Page 3 of 3

Filing Fee: \$25.00