L16000002524

(Requestor's Name)
(requestors traine)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
SEP 2 3 2024
2 2024

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100434835011

FILED 2024 SEP 20 AM 9: 56

2024 SEP 20 AH 10: 57

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243

Andy Gaunce

Please use funds from the account 1202 Authorization Signature: Lee M. Pearlman, LLC L16000002 Business	losen fulla-
Walk in	Will wait
Certified Copy of the	
Certificate of Status	
<u>NEW FILINGS</u>	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication INC CORP OTHER	X _ Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Conversion Statement of Correction Merger
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign Filing
Fictitious Name	Partnership Reinstatement CORRECTION for a Foreign LLC
Statement of Authority	
APOSTIL.	Domestication of a Foreign Corp.
COUNTRY	Other
EXAMINER'S INITIALS:	

, FLORIDA CAPITAL COURIER SERVICES, I 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243	NC
Please use funds from the account 12021 Authorization Signature: Lee M. Pearlman, LLC L160000025 Business	
Walk in	Will wait
Certified Copy of the	
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication INC CORP OTHER	X _ AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalConversionStatement of CorrectionMerger
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign Filing
Fictitious Name	PartnershipReinstatement CORRECTION for a Foreign LLC
Statement of Authority	Domestication of a Foreign Corp.
APOSTIL COUNTRY	Other
EXAMINER'S INITIALS:	

COVER LETTER

	gistration Sec ision of Corp				
SUBJECT:	Lee M. Pear				
SUBJECT.		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	-		
r lease return	ran correspor	-	to the following.		
		Andy Gaunce	Name of Person		
		Gaunce Law			
			Firm/Company		
		2525 1st Ave S			
			Address		
		St Petersburg, FL 33712			
		lee@pearlmantrial.com	City/State and Zip Code		
			to be used for future annual rep	oort notification)	
For further in	nformation co	ncerning this matter, please ca	all:		
Andy Gaune			at () 614-(0550 Daytime Telephone	
	Name of	l'erson	Area Code	Daytime Telephone	Number
Enclosed is a	check for the	e following amount:			
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy dditional 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

Lee M. Pearlman, LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company	were filed on 01/04/2016 and assigned.
Florida document number 1.16000002524	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Pearlman Trial Group PLLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2274 SR 580
(Principal office address MUST BE A STREET ADDRESS)	Clearwater, FL 33763
Enter new mailing address, if applicable:	2274 SR 580
(Mailing address MAY BE A POST OFFICE BOX)	Clearwater, FL 33763
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	
	Enter Florida street address
	Florida
	, Florida

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>	Type of Action
			□Add
		 	□Remove
			□ Add
			□Remove
			□Change
<u> </u>			□Add
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			□Remove
			□Change

	
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<u>e:</u> It	late, if other than the date of filing:
ord : filed	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed S	tember 19 2024
.u _	D 0-
	Line Pearman (Sep 19, 7074-17,77 ED1) Signature of a member or authorized representative of a member