

116000045748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

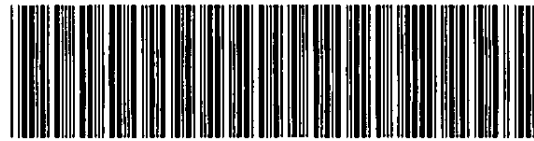
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500291158425

10/14/16--01022--008 **25.00

FILED
16 OCT 14 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

OCT 14 2016

OBJECT LEGAL INCORPORATED
5850 GRANITE PARKWAY, SUITE 215
PLANO TX 75024
TEL: 844-386-0178
FAX: 214-317-4754
EMAIL: Krystal@Legalinc.com

DOCUMENT FILING REQUEST LETTER

Date Mailed: 10/10/2016

From: Krystal Green-Johnson

To: Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ATTN: Document Filing Division

Name of Company: ABSOLUTE LEGAL CLINIC LLC

Please file the attached formation documents, and return the following:

[1] Plain Copy of the filed documents

Please Fax/Email a copy of the filed documents upon acceptance of filing, if you have any questions on the filing please call me or email me at the number and email listed above

FILED
16 OCT 14 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FL 32301

PLEASE RETURN FILED DOUCMENTS TO :
OBJECT LEGAL INCORPORATED
5850 GRANITE PARKWAY, SUITE 215
PLANO TX 75024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABSOLUTE LEGAL CLINIC 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:

ANNA MANUKYAN

Name of Person

ROCKET LAWYER

Firm/Company

5850 GRANITE PKWY SUITE 215

Address

PLANO, TX 75024

City/State and Zip Code

tsatterwhite77@gmail.com

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

For further information concerning this matter, please call:

ANNA MANUKYAN

844 286-0178
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
16 OCT 14 PM 3:00
TALLAHASSEE, FL
SECRETARY OF STATE

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

ABSOLUTE LEGAL CLINIC 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 03/04/2016 and assigned
Florida document number L16000045748.

This amendment is submitted to amend the following:

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

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)

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:

<u>Name of New Registered Agent:</u>	<u>Angelia Machalak</u>
<u>New Registered Office Address:</u>	<u>1101 Blanding Suite 105</u> <small>Enter Florida street address</small>
	<u>Orange Park</u> <u>Florida</u> <u>32065</u> <small>City Zip Code</small>

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.

Angelia Machalak
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>
AMBR	TINA PCHELKA	481 THORNBERRY RD	<input type="checkbox"/> Add
		ORANGE PARK, FL 32073	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
OCT 14 4 36 PM '09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

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.

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

Dated October 4, 2016

Tina Pchelka
Signature of a member or authorized representative of a member

Tina Pchelka

Typed or printed name of signee

FILED
OCT 14 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA