

LS7000001475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

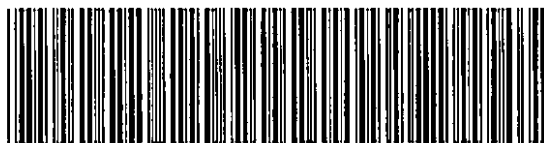
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Oldham & Delcamp

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:

Jack Delcamp

Name of Person

Oldham & Delcamp, LLC

Firm/Company

9800 4th St N Suite 200

Address

St. Petersburg, FL 33702

City/State and Zip Code

jack@oldhamdelcamp.com

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

For further information concerning this matter, please call:

Jack Delcamp

727

201-5458

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

MAILED 11/11/11

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

Oldham & Delcamp

(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 1/03/17 and assigned
Florida document number L17000001475.

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:

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>
MGR	Oldham Law Group, LLC	9800 4th St N Suite 200	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33702	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gordon G. Oldham, IV	9800 4th St N Suite 200	<input type="checkbox"/> Add
		St. Petersburg, FL 33702	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jack Delcamp, LLC	9800 4th St N Suite 200	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33702	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jack E. Delcamp	9800 4th St N Suite 200	<input type="checkbox"/> Add
		St. Petersburg, FL 33702	<input checked="" 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

ALL MANAGED UNDER
2317 NOV 20 10 20 31

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

DATE	DESCRIPTION
2017-01-01	Initial balance
2017-01-15	Deposit of \$100.00
2017-02-01	Withdrawal of \$50.00
2017-02-15	Deposit of \$75.00
2017-03-01	Withdrawal of \$25.00
2017-03-15	Deposit of \$125.00
2017-04-01	Withdrawal of \$100.00
2017-04-15	Deposit of \$150.00
2017-05-01	Withdrawal of \$75.00
2017-05-15	Deposit of \$200.00
2017-06-01	Withdrawal of \$125.00
2017-06-15	Deposit of \$250.00
2017-07-01	Withdrawal of \$175.00
2017-07-15	Deposit of \$300.00
2017-08-01	Withdrawal of \$225.00
2017-08-15	Deposit of \$350.00
2017-09-01	Withdrawal of \$275.00
2017-09-15	Deposit of \$400.00
2017-10-01	Withdrawal of \$325.00
2017-10-15	Deposit of \$450.00
2017-11-01	Withdrawal of \$375.00
2017-11-15	Deposit of \$500.00
2017-12-01	Withdrawal of \$425.00
2017-12-15	Deposit of \$550.00
2018-01-01	Final balance

E. Effective date, if other than the date of filing: 1/3/11 (optional)

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 November 15, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signer

Typed or printed name of signee