

11
L17000025048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

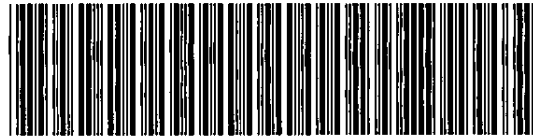
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100299626921

05/30/17--01037--021 **25.00

FILED
17 JUN - 9 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 12 2017
Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 1, 2017

CHAVELYS Y ALERS
590 N SEMORAN BLVD
ORLANDO, FL 32807

SUBJECT: ALERS | BENJAMIN, PLLC ATTORNEYS AT LAW
Ref. Number: L17000025048

We have received your document for ALERS | BENJAMIN, PLLC ATTORNEYS AT LAW and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 817A00011038

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alers / Benjamin, PLLC
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:

Chavelys Y. Alers
Name of Person

Alers / Benjamin, PLLC
Firm/Company

590 N. Semoran Blvd, Suite 1100
Address

Orlando, FL 32807
City/State and Zip Code

calers17@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chavelys Y. Alers at (407) 930-4888
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

TALLAHASSEE, FLORIDA

2017 JUN -9 AM 10:38

45

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

Akers / Benjamin PLLC

(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 January 31, 2017 and assigned Florida document number L19000025048.

This amendment is submitted to amend the following:

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

Akers Law Firm PLLC

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)

590 N. Semoran Blvd, Suite 1100
Orlando, FL 32807

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

590 N. Semoran Blvd
Suite 1100
Orlando, FL 32807

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:

Charlys Y. Akers

New Registered Office Address:

590 N. Semoran Blvd, Suite 1100

Enter Florida street address

Orlando

City

Florida

32807

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> |
|--------------|------------------|--|--|
| Manager | Iana D. Benjamin | 8613 Old Kings Rd Suite 402-6 Jacksonville 32217 | <input type="checkbox"/> Add |
| | | | <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 |
| | | | <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 |

17 JAN - 8 AM 2010
SECONDARY OFFICE
TALLAHASSEE, FLORIDA

FILED

17 JUN - 6 AM 20 43
CLERK OF DISTRICT
TALLAHASSEE, FLORIDA

17 JUN - 8 AM 26 43
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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.

Dated 5/25/2017

Chavlys Y. Alas
Typed or printed name of signee