

L17000065777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

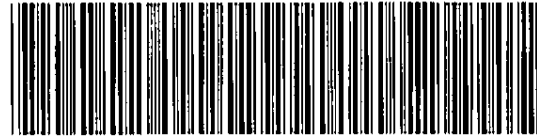
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DIVISION OF CORPORATIONS
19 APR -8 PM 5:06

Amend/ name change

APR 11 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Law Office of Natalia C. Pagon, 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:

Natalia Hawkesworth
Name of Person

The Law Office of Natalia C. Pagon, LLC
Firm/Company

P.O. Box 51042
Address

JACKSONVILLE BEACH, FL 32240
City/State and Zip Code

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

For further information concerning this matter, please call:

Natalia Hawkesworth at (904) 510-0737
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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR - 8 PM 5:06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Law Office of Natalia C. Pagen, 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:

Natalia Hawkesworth

Name of Person

The Law Office of Natalia C. Pagen, LLC

Firm/Company

P.O. Box 51042

Address

Jacksonville Beach, FL 32240

City/State and Zip Code

pagen.natalia@gmail.com

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

For further information concerning this matter, please call:

Natalia Hawkesworth

Name of Person

at (904) 510-0757

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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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)

*check already
submitted prior. re-filing
amended form due to rejection
(check #554)*

MAILING ADDRESS:
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P.O. Box 6327
Tallahassee, FL 32314

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

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2019 JUN 10 PM 1:25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2019

NATALIA HAWKESWORTH
THE LAW OFFICE OF NATALIA C. PAGAN, LLC
P.O. BOX 51042
JACKSONVILLE BEACH, FL 32240

SUBJECT: THE LAW OFFICE OF NATALIA C. PAGAN, LLC
Ref. Number: L17000065777

We have received your document for THE LAW OFFICE OF NATALIA C. PAGAN, LLC 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 name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 419A00003750

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

The Law Office of Natalia C. Pagon, LLC

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

FILED STATE
SECRETARY OF CORPORATIONS
19 APR -8 PM 5:09

The Articles of Organization for this Limited Liability Company were filed on 3-21-2017 and assigned
Florida document number L17000065777.

This amendment is submitted to amend the following:

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

Hawkesworth Law, LLC

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)

204 Island Harbor Circle

Ponte Vedra Beach, FL 32082

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(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)

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 April 4, 2019.

Natalia Hankswoth
Signature of a member or authorized representative of a member

Natalia Hankeworth
Typed or printed name of signee