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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	Shuliman F	ugate PLLC		
30 B JI,C 1 .		Name of Lim	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please returr	all correspo	ndence concerning this matter	to the following:	
		Katie Brown		
			Name of Person	
		Shullman Fugate PLLC		
			Firm/Company	 _
		100 S. Ashley Drive, Suite	600	
		 	Address	
		Tampa, FL 33602		
			City/State and Zip Code	
		kbrown@shullmanfugate.co		
			to be used for future annual report notifi	cation)
For further in	iformation co	oncerning this matter, please ca	ıll:	
Katie Browr	1		813 938-1343	
	Name of	Person	at ()	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25,00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shullman Fugate PLLC	
(<u>Name of the Limited Liz</u> (A Fle	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	ty Company were filed on 4/19/17 and assigned
Florida document number L17000087285	
This amendment is submitted to amend the following	z:
A. If amending name, enter the new name of the	limited liability company here:
	Limited Liability Company," the designation "LLC" or the abbreviation
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the abbreviation [L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AL	ODRESS)
	<u></u>
	(J)
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, <u>enter the name of the new</u> address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zup 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

Title	<u>Name</u>	Address	Type of Action
MGRM	Rachel R. Fugate	100 South Ashley Drive, Suite 600	
		Tampa, F1, 33602	■ Remove
			Change
MGRM	Rachel E. Fugate, PLLC	100 South Ashley Drive, Suite 600	. ■ Add
		Tampa, FL 33602	_□ Remove
			☐ Change
MGRM	Deanna K Shullman	2101 Vista Parkway, Suite 4006	
		West Palm Beach, FL 33411	■ Remove
			☐ Change
MGRM	Deanna K. Shullman, PLLC	2101 Vista Parkway, Suite 4006	= Add
		West Palm Beach, FL 33411	☐ Remove
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Note:	ve date, if other than the date of filing:	unt to 605,0207 of be listed as t
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	e earlier of:
ated	November 13 . 2017.	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00