

L17000107278

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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2018 OCT -5 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FL

name dly
LTS
9-1-18
10-5-18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Law Office of Mattie Fore, 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:

Mattie Fore

Name of Person

Mattie Fore Law LLC

Firm/Company

200 Butler Street

Address

West Palm Beach, FL 33407

City/State and Zip Code

mattie@mattieforelaw.com

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

For further information concerning this matter, please call:

Mattie Fore

561

203-0912

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2018

Mattie Fore
Law Office of Mattie Fore, LLC
200 Butler St.
W. Palm Beach, FL 33407

SUBJECT: LAW OFFICE OF MATTIE FORE, LLC
Ref. Number: L17000107278

We have received your document for LAW OFFICE OF MATTIE FORE, 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Lyn Shoffstall
Bureau Chief

Letter Number: 118A00018695



LAW OFFICE OF MATTIE FORE, LLC

200 Butler Street, Suite 305, West Palm Beach, FL 33407

Phone: 561-203-0912 / Fax: 561-228-0094 / Email: mattie@mattieforelaw.com

www.mattieforelaw.com

September 24, 2018

Florida Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Ms. Shoffstall,

Since it has now been one year since the name Mattie Fore Law LLC was administratively dissolved (9/22/17) I am submitting this form with a date change. Thanks so much.

Sincerely,

A handwritten signature in black ink, appearing to read "Mattie Fore", with a large, stylized flourish at the end.

Mattie Fore, Esquire

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2018 OCT -5 PM 1:42

Law Office of Mattie Fore, LLC

SECRETARY OF STATE
TALLAHASSEE, FL

(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 5/15/2017 and assigned
Florida document number L17000107278.

This amendment is submitted to amend the following:

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

Mattie Fore 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)

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

[illegible]

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.


Signature of a member or authorized representative of a member

Typed or printed name of signee