

117000247170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

12/11/20--01002--003 +25.00

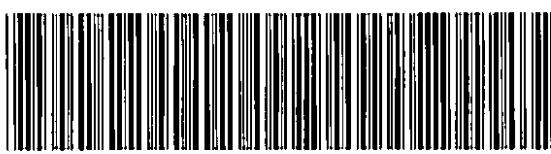
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100356327191

2020 DEC 10 PM 3:48

J. M. T. , - 100356327191

FILED

2020 DEC 10 AM 8:45

RECEIVED  
U.S. DISTRICT COURT  
CLERK'S OFFICE  
N.D. OF ALABAMA

100356327191

2>

**CORPORATE  
ACCESS,                     
INC.**

*When you need ACCESS to the world*

---

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

---

**WALK IN**

**PICK UP: 12/10/2020**

**CERTIFIED COPY** \_\_\_\_\_

**PHOTOCOPY** \_\_\_\_\_

**CUS** \_\_\_\_\_

**FILING** LLC AMENDMENT \_\_\_\_\_

**1. JAMES TICKAL, MSW, LLC**

(CORPORATE NAME AND DOCUMENT #)

**2. \_\_\_\_\_**

(CORPORATE NAME AND DOCUMENT #)

**3. \_\_\_\_\_**

(CORPORATE NAME AND DOCUMENT #)

**4. \_\_\_\_\_**

(CORPORATE NAME AND DOCUMENT #)

**5. \_\_\_\_\_**

(CORPORATE NAME AND DOCUMENT #)

**6. \_\_\_\_\_**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:** \_\_\_\_\_

\_\_\_\_\_

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: James Tickal, MSW, 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:

James E. Ticknor  
Name of Person

Name of Person

---

**Firm/Company**

2328 Foliage Oak Terrace  
Address

**City/State and Zip Code:**

mes\_fickal@yahoo.com  
E-mail address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

James Tickal, msw, LLC

(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 1/23/2020 and assigned Florida document number L17000247170.

This amendment is submitted to amend the following:

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

James Tickal, LCSW, 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)*

5840 Red Bug Lake Rd #157  
Winter Springs, FL 32708

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2020 DEC 0 AM

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

Zip Code

City

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>
AMBR	James E Tickal	5840 Red Bug Lake Rd # 1574 Winter Springs, FL 32708	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" 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

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

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

**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 Dec 10, 2020

 Signature of a member or authorized representative of a member

James E. Tickal \_\_\_\_\_  
Typed or printed name of signee