

L17000 256719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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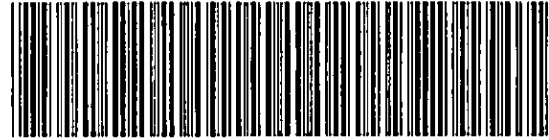
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

O SIMMONS

FEB 20 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CARMICHAEL & RICKERSON, PLLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAREY DUNCAN CARMICHAEL, JR.

\_\_\_\_\_  
Name of Person

CARMICHAEL & RICKERSON, PLLC

\_\_\_\_\_  
Firm/Company

310 SE Hernando Avenue

\_\_\_\_\_  
Address

Lake City, FL 32025

\_\_\_\_\_  
City/State and Zip Code

carey@thecarmichaellawfirm.com

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

For further information concerning this matter, please call:

Carey D. Carmichael, Jr.

386

269-0440

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

CARMICHAEL LAW, 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 12/15/2017  
Florida document number LI17000256719

This amendment is submitted to amend the following:

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

CARMICHAEL & RICKERSON, PLLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

CARMICHAEL & RICKERSON

310 SE HERNANDO AVENUE

LAKE CITY, FL 32025

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

CARMICHAEL & RICKERSON

310 SE HERNANDO AVENUE

LAKE CITY, FL 32025

**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: CAREY DUNCAN CARMICHAEL, JR.

New Registered Office Address: 310 SE HERNANDO AVENUE

Enter Florida street address

LAKE CITY, Florida 32025

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>
AMBR	TISHEENA RICKERSON	310 SE HERNANDO AVE	<input checked="" type="checkbox"/> Add
		LAKE CITY, FL 32025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE

