

1180000 11269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

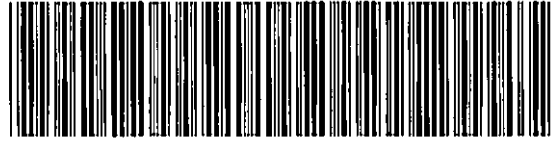
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OFFICE OF THE CLERK

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M. MILLIGAN
SEP 26 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2018

BYRNE MALLORY, PLLC
ATTN: ANDREW MALLORY
540 FOURTH STREET NORTH
ST. PETERSBURG, FL 33701

SUBJECT: BYRNE MALLORY, PLLC
Ref. Number: L18000011269

We have received your document for BYRNE MALLORY, PLLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 518A00018669

2018 SEP 21 AM 10:22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Byrne Mallory, PLLC
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:

Andrew Mallory
Name of Person

Byrne Mallory, PLLC
Firm/Company

540 Fourth Street N.
Address

St. Petersburg, FL 33701
City/State and Zip Code

andrew@byrnemallory.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Mallory at (727) 820-1688
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Byrne Mallory, 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 1/12/2018 and assigned
Florida document number L18000011269.

This amendment is submitted to amend the following:

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

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

City

Florida

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> |
|--------------|-------------------|--------------------------|--|
| MGR | Andrew Mallory PA | 540 Fourth Street N. | <input type="checkbox"/> Add |
| | | St. Petersburg, FL 33701 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Derek J. Byrne PA | 540 Fourth Street N. | <input type="checkbox"/> Add |
| | | St. Petersburg, FL 33701 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Andrew R. Mallory | 540 Fourth Street N. | <input checked="" type="checkbox"/> Add |
| | | St. Petersburg, FL 33701 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Derek J. Byrne | 540 Fourth Street N. | <input checked="" type="checkbox"/> Add |
| | | St. Petersburg, FL 33701 | <input type="checkbox"/> Remove |
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[illegible]

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.

Dated September 18, 2018



Andrew R. Mallory

Typed or printed name of signee

Filing Fee: \$25.00

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