

418000143013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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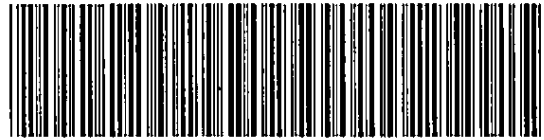
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NADINE M. APPLETON LAW FIRM, 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:

ERIC N. APPLETON, ESQ.

Name of Person

APPLETON, REISS & SKOREWICZ, PLLC

Firm/Company

501 E. KENNEDY BLVD. SUITE 802

Address

TAMPA, FL 33602

City/State and Zip Code

eappleton@arsfla.com

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

For further information concerning this matter, please call:

Monica Ransone

813

542-8888

Name of Person

at ()

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building

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

NADINE M. APPLETON LAW FIRM, 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 6/11/18 and assigned
Florida document number L18000143013.

This amendment is submitted to amend the following:

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

APPLETON, REISS & SKOREWICZ, PLLC

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:

501 E. KENNEDY BLVD. SUITE 802

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33602

Enter new mailing address, if applicable:

501 E. KENNEDY BLVD. SUITE 802

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33602

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>
MGR	APPLETON, ERIC N.	501 E. KENNEDY BLVD, SUITE 802, TAMPA, FL 33602	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	REISS, MICHELLE T.	501 E. KENNEDY BLVD, SUITE 802 TAMPA, FL 33602	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SKOREWICZ, KEITH D.	501 E. KENNEDY BLVD, SUITE 802 TAMPA, FL 33602	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	APPLETON, NADINE M.	501 E. KENNEDY BLVD, SUITE 802 TAMPA, FL 33602	<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

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not b

September 6 2018

Signature of a member or authorized representative of a member

NADINE M. APPLETON

Typed or printed name of signee