

From: Kelly Tanner  
7/7/22, 9:37 AM

Fax: 18132518715

To: Division of Corporations Fax: (850) 617-6383  
Division of Corporations

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07/07/2022 9:40 AM

H220002315003

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L1800023997**

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H220002315003))



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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LIESER SKAFF ALEXANDER, PLLC  
Account Number : I20150000057  
Phone : (813)280-1256  
Fax Number : (813)251-8715

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: mcilwain6@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MICHAEL MCILWAIN, P.L.L.C.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

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M. SOLOMON

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**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: Michael Mcilwain, P.L.L.C.**

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:

Ghada Skaff

Name of Person

Lieser Skaff Alexander

Firm/Company

403 N. Howard Ave.

Address

Tampa, FL 33606

City/State and Zip Code

mcilwain6@gmail.com

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

For further information concerning this matter, please call:

Ghada Skaff

813  
at ( )

280-1256

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

H220002315003

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

Michael McIlwain, P.L.L.C.

(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 October 10, 2018 and assigned Florida document number L18000239997.

This amendment is submitted to amend the following:

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

N/A

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)

302 N. Howard Ave.

Tampa, FL 33606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

302 N. Howard Ave.

Tampa, FL 33606

**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:

Lieser Skaff Alexander

New Registered Office Address:

403 N. Howard Ave.

*Enter Florida street address*

Tampa

Florida 33606

*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          | Michael McIlwain | 302 N. Howard Ave. | <input type="checkbox"/> Add               |
|              |                  | Tampa, FL 33606    | <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               |
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|              |                  |                    | <input type="checkbox"/> Change            |
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|              |                  |                    | <input type="checkbox"/> Remove            |
|              |                  |                    | <input type="checkbox"/> Change            |

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

N/A

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

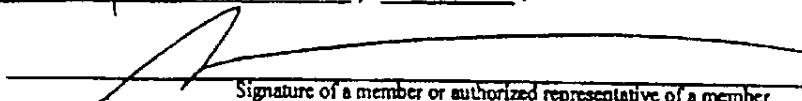
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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

7/5/22



Signature of a member or authorized representative of a member

Michael McIlwain

Typed or printed name of signee

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Filing Fee: \$25.00