

# L19000128472

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

((H21000360062 3)))



H210003600623ABCU

**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 : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

2021 SEP 27 AM 10:13  
TALLAHASSEE, FLORIDA

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

Email Address: \_\_\_\_\_

2021 SEP 23 AM 10:17  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MARGARET D. MATHEWS, ATTORNEY AT LAW, PLLC**

**\*\*\*PLEASE PROVIDE THE  
ORIGINAL SUBMISSION  
DATE OF 9/23/21\*\*\***

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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

MARGARET D. MATHEWS, ATTORNEY AT 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 05/20/2019 and assigned  
Florida document number L19000128472.

This amendment is submitted to amend the following:

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

MARGARET D. MATHEWS, ATTORNEY AT LAW, 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:

401 East Jackson Street, Suite 1700

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

Tampa, FL 33602

Enter new mailing address, if applicable:

401 East Jackson Street, Suite 1700

**(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: Irene Bassel Frick

New Registered Office Address: 401 East Jackson Street, Suite 1700

Enter Florida street address

Tampa Florida 33602

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.*

/s/ Irene Bassel Frick

**If Changing Registered Agent, Signature of New Registered Agent**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2021 SEP 23 AM 10:17

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>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2021 SEP 23 AM 10:17

Dated September 24th, 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

II21000360062 3