

L19 000236261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

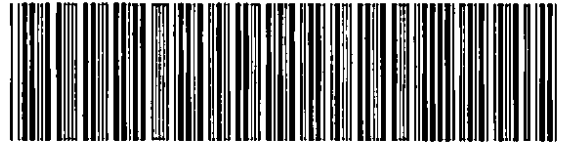
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC

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Amend.

DEC 08 2021

D CONNELL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 15, 2021

LISA KNOX  
1228 E 7TH AVE #200  
TAMPA, FL 33605

SUBJECT: L. M. KNOX LAW AND MEDIATION, LLC  
Ref. Number: L19000236261

We have received your document for L. M. KNOX LAW AND MEDIATION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

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) 245-6050.

Terri J Schroeder  
Regulatory Specialist III

Letter Number: 021A00027645

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** L.M. Knox Law and Mediation LLC

\_\_\_\_\_  
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:

Lisa Knox

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

L.M. Knox Law and Mediation LLC

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

1228 E. 7th Avenue, Suite 200

\_\_\_\_\_  
Address

Tampa, FL 33605

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

[lisa@lmknoxlaw.com](mailto:lisa@lmknoxlaw.com)

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

For further information concerning this matter, please call:

Lisa Knox

813

447-3001

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

**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**

[illegible]

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

This is changing the organization from a LLC to PLLC to coincide with what is required of the The Florida Bar.

The purpose of this organization is to make a profit serving client in the State of Florida through the  
state licensed practice of law and mediation, and to provide the clients with professional legal resources.

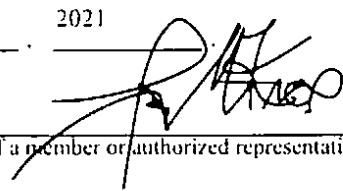
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 December 05, 2021

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Lisa Marie Knox

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**