

L21000185925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

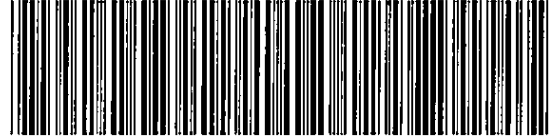
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100410166341

2023 JUN 21 PM 12:55

STATE

RECEIVED

2023 JUN 21 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

24 2023

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

Please use funds from this account: I20210000160: \$60.00

Authorization Signature: \_\_\_\_\_:

*for full*

THE MCINTYRE LAW FIRM, PLLC

L21000185925

BUSINESS NAME

DOCUMENT #

☒ Certified Copy

☒ Certificate of Status

**NEW FILINGS**

- ☐ Profit Corp
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other
- ☐ CORP
- ☐ LLLP

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name
- ☐ APOSTILLE
- ☐ Country

EXAMINER'S INITIALS: \_\_\_\_\_

**AMMENDMENTS**

- ☒ Amendment
  - ☐ Resignation of R.A. Officer/Director
  - ☐ Change of Registered Agent
  - ☐ Revocation of Dissolution
  - ☐ Merger
  - ☐ Articles of Conversion
  - ☐ Amended and restated Articles
  - ☐ Statement of Authority

**REGISTRATION/QUALIFICATIONS**

- ☐ Foreign filing
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Other

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE MCINTYRE 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:

Garrett W. McIntyre, Esq.

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

The McIntyre Law Firm, PLLC

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

1520 Royal Palm Square Blvd., Suite 210

\_\_\_\_\_  
Address

Fort Myers, FL 33919

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

garrett@mcintyrelawfirm.com

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

For further information concerning this matter, please call:

Garrett W. McIntyre

239

935 - 8426

\_\_\_\_\_  
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  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

THE MCINTYRE LAW FIRM, PLLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2023 JUN 21 PM 12:55

The Articles of Organization for this Limited Liability Company were filed on April 21, 2021 and assigned

Florida document number L21000185925

This amendment is submitted to amend the following:

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

MCINTYRE & BERMUDEZ, 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: \_\_\_\_\_

(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

\_\_\_\_\_, 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


**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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 June 20, 2023  
  
 Signature of a member or authorized representative of a member  
Garrett W. McIntyre  
 Typed or printed name of signee

**Filing Fee: \$25.00**