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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

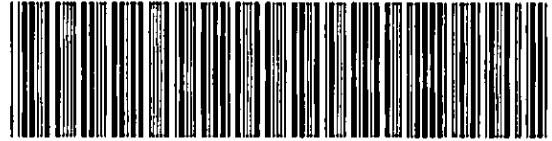
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

SEP 16 2022
R. HUNT

MCCARTY FOCKS, PLLC
Attorneys At Law

JAMES H. "MAC" MCCARTY, JR., JD, MBA
mac.mccarty@mccartyfocks.com
Florida Bar Board Certified Real Estate
Lawyer
Supreme Court Certified Circuit Civil
Mediator

PETER C. FOCKS, JD
peter@mccartyfocks.com

2630-A NW 41ST STREET, GAINESVILLE, FL 32606
TELEPHONE: 352-654-1001 · WWW.McCARTYFOCKS.COM

September 13, 2022
By US Mail to:
Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
2022 SEP 16 PM 4:40
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

Re: McCarty & Focks, PLLC
Name Change Amendment

Dear Sir or Madam:

Enclosed please find the following items:

1. Executed name change amendment
2. Check no. 1001 in the amount of \$25.00

Please contact the undersigned with any questions.

Sincerely,

/s/ Peter C. Focks
Peter C. Focks
PCF/cm
Encl.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: McCarty & Focks, 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:

Peter C. Focks

Name of Person

McCarty & Focks, PLLC

Firm/Company

2630-A NW 41st Street

Address

Gainesville, FL 32606

City/State and Zip Code

peter@mccartyfocks.com

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

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JAN 16 PM 4:40
TALLAHASSEE, FL
DIVISION OF STATE

For further information concerning this matter, please call:

Peter C. Focks

352

654-1001

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

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

McCarty & Focks, 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 August 8, 2022 and assigned
Florida document number L22000349098.

This amendment is submitted to amend the following:

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

McCarty Focks, 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)

2630-A NW 41st Street

Gainesville, FL 32606

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

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>
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_____	_____	_____	<input type="checkbox"/> Add
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CLERK OF STATE
TALLAHASSEE, FL
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FL
OFFICE OF STATE

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 9/13/2022

Part C. Face

Signature of a member or authorized representative of a member

Peter C. Focks

Typed or printed name of signee

Filing Fee: \$25.00