## 

(Requestor's Name)	
(Address)	80016
(Address)  (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	02/1
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	T. CLIN FEB 2 2 2
	EXAMI

Office Use Only



33715128

9/10--01033--011 \*\*60.00

1E

010

VER

## **COVER LETTER**

TO: Registration Section

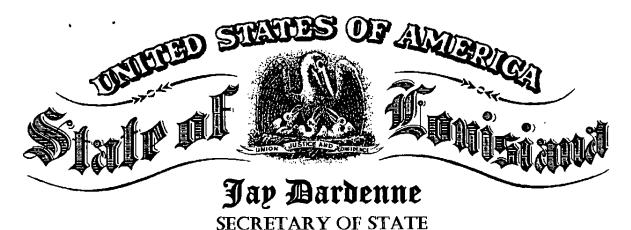
Division of Corporations					
SUBJECT: Garrison, Yount, Lorma Name of Foreign L				_	
Dear Sir or Madam:					
The enclosed application, certificate and fee(s) are	submitted for	r filing.			
Please return all correspondence concerning this m	natter to the fo	ollowing:			
Scott P. Yount					
Name of Person					
Garrison, Yount, Forte & Mulcahy, L.I	L.C.				
Firm/Company					
423 S. Hyde Park Ave.					
Address				grt.	<b>.</b> .
Tampa, FL 33606-2268					20 20 20 20 20 20 20 20 20 20 20 20 20 2
City/State and Zip Code				Ť.	FEB
				England Grant Store	9
syount@garrisonyount.com	1			ا في السائد أحساً أسف	MΛ
E-mail address: (to be used for future annual rep		on)		eria. Major	7
				<u>. स्ट</u> ार्ट इन्द्राः	\$2
For further information concerning this matter, ple	ase call:			<b>U</b>	
Scott P. Yount at	( 813 )		275-0404		
Name of Person	Area Code &	d Daytime	Telephone Numb	er	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 see, Florida 32314	4	
Tallahassee, Florida 32301					
Enclosed is a check for the following amount:	\$55 Filing Certified Co		\$60 Filing Fee Certificate of S Certified Copy	Status &	:

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

## **SECTION I (1-3 must be completed)**

1.	Name of limited liability company as it appears on the records of the Florida Department of State: Garrison, Yount, Lormand, Forte & Mulcahy, L.L.C.
2.	Jurisdiction of its organization: Louisiana
3.	Date authorized to do business in Florida: 1/4/08
	SECTION II (4-7 complete only the applicable changes)
	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 01/20/2010
5.	New name of the limited liability company: Garrison, Yount, Forte & Mulcahy, L.L.C., (must end with "Limited Liability Company," "L.L.C.," or "LLC.")
Flo the	name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." (L.C.")
6.	If the amendment changes the period of duration, indicate new period of duration:
	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  N/A
	If the amendment corrects any false statement, indicate the statement being corrected and the correction: N/A
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.  Signature of a member or the authorized representative of a member  Scott P. Yount  Typed or printed name of signee

Filing Fee: \$25.00



As Secretary of State of the State of Louisiana I do hereby Certify that GARRISON, YOUNT, LORMAND, FORTE & MULCAHY, L.L.C.

A LOUISIANA limited liability company domiciled at NEW ORLEANS,

Filed charter and qualified to do business in this State on December 17, 2007,

I further certify the records of this Office indicate the name was changed to GARRISON, YOUNT, FORTE & MULCAHY, L.L.C. on January 20, 2010.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

February 8, 2010

Certificate ID: 10043402#P7D30

To validate this certificate, visit the following web site, go to **Commercial Division**, **Certificate Validation**, then follow the instructions displayed.

www.sos.louisiana.gov

Secretary of State
AG 36616222K