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S. HAWKES NOV 2 1 2008 EXAMINER

COVER LETTER

Division of Cor	rporations		
SUBJECT: FIbilow	, Smith & Corson, LI	C	_
SUBJECT: LI IIIOW		ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mark B. Elhilow		
	Mark B. Ellillow	(Name of Person)	
	Elhilow, Smith & Compar	nv II.C	
	Elimon, Officer & Compar	(Firm/Company)	
	P.O. Box 3505		
	F.O. BOX 3303	(Address)	
	West Palm Beach, Fl 334	402-3505	
		(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
Mark B. Elhilow		at (_561_ ₎ 659-3308	
(Name	of Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a check for t	he 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)
	ING ADDRESS:	STREET/COURIER Pagistration Section	A ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elhilow, Smith & Corson, LLC			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our r Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company	y were filed on 10/10/2006		and assigned
Florida document number L06000099261			
Γhis amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
Elhilow, Smith & Company, LLC			
The new name must be distinguishable and end with the words "Ling" (L.L.C."	nited Liability Company," the d	esignation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		<u> </u>	<u> </u>
Principal office address MUST BE A STREET ADDRESS)		21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2) Ilaniarii
		37. 37.	ب
Enter new mailing address, if applicable:			28
Mailing address MAY BE A POST OFFICE BOX)			· ·
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address he		rds, <u>enter tl</u>	he name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	(Enter Flori	da street ada	iress)
		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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Anna P. Corson	P.O. Box 3505	Add
		West Palm Beach, Fl 33402-3505	Remove
			
			Add Remove
			Add Remove
			<u> </u>
		_	Add Remove
			3. 28
			Add
			Remove
			□ Add
			Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necess	sary.)
<u>9</u>	Found is being sub-	mittes specifically to:	
_	- Change nam	mittes specifically to:	
	-Remove Anna	I Consun As Member	OF Consuny
Z	here are 10 of	They Changer requesters.	
_			
Dated /	8 Abtember.	2008 . 11-18-2008	
	Miles		
	_	nember or authorized representative of a member	
	Mark B. Elhilow, N	Member Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00