# 108000054263

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SECRETARY OF STATE

T. CLINE

APR 24 2009

**EXAMINER** 

# **COVER LETTER**

Division of Cor	rporations				
SUBJECT: Stanley	Marketing of Florida, L	LC			
50505011	(Name of Lim	ited Liability Company)			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Propdon C Mariarty	Eng			
	Brenden S. Moriarty	(Name of Person)			
		,			
	Peebles & Moriarty,				
		(Firm/Company)			
	1111 3rd Avenue W	., Suite 210			
		(Address)			
	Bradenton, Florida 3	4205		7s 28	
		(City/State and Zip Code)		2009 APR 23 SECRETARY TALLAHASSI	-77
For further information of	concerning this matter, please c	911·		R 2: TAF	
Tor rareior anomación e	oncoming and matter, produce o	uii.		3 P	Fï
Brenden S. Moriar		at (941 ) 744-0075		F S	C
(Name	of Person)	(Area Code & Daytime	'elephone Number)	PHIO: 19	
				Þ	•
Enclosed is a check for the	he following amount:				
☑ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	of Status &	
		•			

### MAILING ADDRESS:

**Registration Section** 

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

#### STREET/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stanley Marketing  (Name of the Limited Liability Comp. (A Florida Limited		on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L08000054263</u>	y were filed on	6/02/08	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here	:	
S.M.O.F., LLC			
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Compan	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			TALLES TO SERVICE TO S
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·	至 3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			23 PH 10: 19 ASSEE, FLORIDA
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here		ır records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:			_
New Registered Office Address:	/P3	y***	
	(Enter Florida street address)		
	(Cini)	, Florida	(Zip Code)
	(City)		(zip Code)

New Registered Agent's Signature, if changing Registered Agent:

6 4 - 2

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 Changing Registered Agent, Signature of New Registered Agent)

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 = N MGRM =	Aanager - Managing Member	•	
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
		AND	Add Remove
			Add Approve
			ASSEE FLORIDE
,			Remove
D. If ame	nding any other information, enter chan	<b>ige(s) here:</b> (Attach additional sheets, if necessa	ury.)
Dated	4/17/09 Signature of a memb	er or authorized representative of a member	
	R	obert O'Hearn, LLC, MGR	
	Type	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00