

601000001210

(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



200160839312

09/22/09--01019--001 \*\*25.00

FILED

2009 SEP 22 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS  
SEP 28 2009  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CABANISS, SMITH, TOOLE & WIGGINS, PL  
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:

M. Gary Toole, Esq.

Name of Person

SMITH, TOOLE & WIGGINS, PL

Firm/Company

P.O. BOX 4924

Address

Orlando, Florida 32802-4924

City/State and Zip Code

gtoole@cabaniss.net

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

FILED  
2009 SEP 22 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

John R. Reid, Jr.

Name of Person

at ( 407 )

246-1800

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/COURIER ADDRESS:

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

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

**CABANISS, SMITH, TOOLE & WIGGINS, PL**

(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 January 23, 2001 and assigned  
Florida document number L01000001210.

This amendment is submitted to amend the following:

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

SMITH, TOOLE & WIGGINS, PL

The new name must be distinguishable and end with 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)

485 North Keller Road

STE 401

Maitland, Florida 32751

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 4924

Orlando, Florida 32802-4924

**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 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 = Manager

MGRM = Managing Member

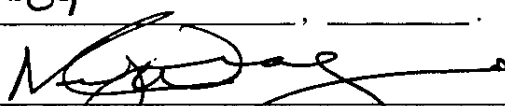
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ronald E. Cabaniss	485 North Keller Road STE 401 Maitland, Florida 32751	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	John W. Smith	485 North Keller Road STE 401 Maitland, Florida 32751	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	John R. Reid, Jr.	485 North Keller Road STE 401 Maitland, Florida 32751	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Brian D. Equi	485 North Keller Road STE 401 Maitland, Florida 32751	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Jennifer B. Locke	485 North Keller Road STE 401 Maitland, Florida 32751	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
2009 SEP 22 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated 9-21-09



Signature of a member or authorized representative of a member

MICHAEL J. WIGGINS

Typed or printed name of signee