

**L020000129554**

Florida Department of State  
Division of Corporations  
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JOHN W. SMITH, PLC

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**S. HAWKES**

DEC - 8 2009

**EXAMINER**

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December 7, 2009

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

JOHN W. SMITH, PLC  
5295 TOWN CENTER ROAD  
SUITE 201  
BOCA RATON, FL 33486

SUBJECT: JOHN W. SMITH, PLC  
REF: L02000029554

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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Suzanne Hawkes  
Regulatory Specialist II  
Registration/Qualification Section

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EXAMINER

H090002521933

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

**JOHN W. SMITH, PLC**

(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 November 5, 2002 and assigned  
Florida document number L02000029554.

This amendment is submitted to amend the following:

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

JWS & Associates, P.L.

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: 1095 NW Broken Sound Parkway, Suite 201  
(Principal office address **MUST BE A STREET ADDRESS**) Boca Raton, FL 33487-3524

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: 1095 NW Broken Sound Parkway, Suite 201  
Enter Florida street address

Boca Raton, Florida 33487-3524  
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

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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  
MCRM = Managing Member

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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FLORIDA

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

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

Dated December 3, 2009

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
JOHN W. SMITH  
\_\_\_\_\_  
Typed or printed name of signee

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