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COVER LETTER

TO: Registration Section
Division of Corporations

Smoker Construction LLC.

SUBJECT:

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:

Gregory L Smoker

Name of Person

Smoker Construction LLC.

Firm/Company

9650 N. Horseshoe Rd.

Address

Tallahassee Florida 32317

City/State and Zip Code

shirleysmoker@embargmail.com

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

For further information concerning this matter, please call:

Gregory L Smoker

{.,,}850、251-8578

Name of Person

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

18 JUN 27 AM II: 04

	noker Constru		SECRETARY OF STATE
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears on our r Liability Company)	GEORGE FLORIDA
The Articles of Organization for this Limited Li	ability Company	were filed on 11/26/03	and assigned
Florida document number L0300048123	.		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
Name stays the same			
The new name must be distinguishable and end wit "L.L.C."	h the words "Lim	ited Liability Company," the de	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		NA	
(Principal office address MUST BE A STREE	T ADDRESS)	NA	
		NA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA	
		NA	
		NA	
B. If amending the registered agent and/oregistered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:		<u>e</u> : Enter Florida	a street address
		City	Florida Zip Code
		<u></u>	2.p Couc

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 = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Robert D. Gill	2071 Natural Wells Dr.	Add
		Tallahassee Florida 32305	Remove
			_
		<u> </u>	_
			Remove
			_
· · · · - · · · · · · · · · · · · · · ·			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

D. If amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
·	
Dated June 27	
	Durkow & Surahn
	Signature of a member or authorized representative of a member
	Gregory L. Smoker
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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