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SECRETARY OF STATE

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**EXAMINER** 

## **COVER LETTER**

TO: Registration Section
Division of Corporations
SUBJECT: Kevin S. Smith

SUBJECT: Kevin S. Smith And James W. Peacock Carpentry, LLC

(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:

	Kevin S. Smith			
		(Name of Person)		
	Kevin S. Smith & Sons, I	LC		
		(Firm/Company)	<del> </del>	
	8790 Turkey Bluff Rd.			
		(Address)		
	Navarre, Florida 32566			
	,	(City/State and Zip Code)	<del></del>	
For further information of Kevin S. Smith	concerning this matter, please c	all: at ( 850 ) 978-8187		ZOOD NOV 19 AM II: 32 SECRETARY OF STATE TALLAHASSEE.FLORIO
(Name of Person)		(Area Code & Daytime Telephone Number)		1888 1870 1871 1871
Enclosed is a check for t	he following amount:			AM II: 32 OF STATE E.FLORIO
■ \$25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 50.00 Filing For Certificate of Certified Copy (additional copy)	ee, Status &

**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

> orda ......

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kevin S. Smith And James W. Peacock Carpentry, LLC (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 5, 2004 and assigned Florida document number L04000000874 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Kevin S. Smith & Sons, LLC 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) 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: (Enter Florida street address) (City)

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

<u> Title</u>	<u>Name</u>	Address	Type of Action
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D. If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	AMII: 32
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  Dated Nove	mber 17 200	ng .	<del>-</del>
Dared Move	Kwind	aber or authorized representative of a member	
	Kevin S. Smith	-	

Page 2 of 2

Filing Fee: \$25.00