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JAN 14 2008

EXAMINER

**RICKEY L. FARRELL, ATTORNEY AT LAW, P.A.**

1595 SE Port St. Lucie Boulevard

Port St. Lucie, Florida 34952

(772) 335-5455

(772) 337-3485 fax

January 10, 2008

State of Florida  
Department of State  
**Division of Corporations**  
409 E. Gaines Street  
Tallahassee, Florida 32399

**RE: Amendment to Articles of Organization  
Johnston, Post and Post, L.L.C.**

Dear Sir or Madam:

Enclosed herewith please find Articles of Amendment to the Articles of Organization for the above-referenced corporation for filing. A check in the amount of \$25.00 is enclosed for the cost of same. Thank you for your cooperation in this matter.

Sincerely yours,



Tiffany N. Gonsalves, CLA  
Certified Legal Assistant

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TALLAHASSEE, FLORIDA

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Enc.

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

JOHNSTON, MORTON, POST AND POST, 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 12/31/2003 and assigned  
Florida document number L04000001504.

This amendment is submitted to amend the following:

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

JOHNSTON, POST AND POST, L.L.C.  
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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:

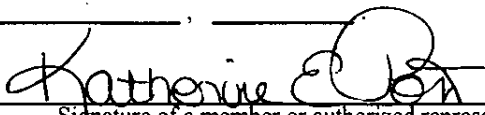
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	The Carolyn Morton Trust	1309 Cedar Cove Port St. Lucie, FL 34986	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

Dated \_\_\_\_\_,



Signature of a member or authorized representative of a member

Katherine E. Post

Typed or printed name of signee

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