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SECRETARY OF STATENS
DIVISION OF CORPORATIONS
DIVISION OF CORPORATIONS

J. BAWAN MAR 2 1 2008

J. BRYAN

APR - 2 2008

EXAMINER

COVER LETTER

TO: Registration Division of C				
SUBJECT: HOW	(Name of Lir	AC, PLC nited Liability Company)		
The enclosed Articles of	of Amendment and fec(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
	Ma	(Name of Person)	OR AF	
(Name of Person) Howze, Monaghan, Theriac & Kramer, PLC (Firm/Company) 96 Willard St., Ste. 302				
96 Willard St., Ste. 302				
	Cc	(City/State and Zip Code)		
For further information	concerning this matter, please	call:		
Matthew J. (Nam	Monaghan c of Person)	at (321) 639-1320 ex (Area Code & Daytime	tt. 247 ask for AsstMary K. Hartne Telephone Number)	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fce & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MANUAL AND THE			a a papered	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2008

MATTHEW J. MONAGHAN HOWZE, MONAGHAN, THERIAC & KRAMER, PLC 96 WILLARD ST., STE. 302 COCOA, FL 32922

SUBJECT: HOWZE, MONAGHAN & THERIAC, PLC

Ref. Number: L05000057340

We have received your document for HOWZE, MONAGHAN & THERIAC, PLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 208A00017094

Joey Bryan Regulatory Specialist II VISION OF CORPORATIONS
VISION OF PH 4: 21

Division of Companyiana, D.O. DOV 6207 Tellahagaa, Florida 2001

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



HOWZE, MONAGHAN & THERIAC, PLC

(<u>Name of the Limited Liab</u> (A Flori	illity Company as it now appears on ou ida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabilit	ty Company were filed on June 9 ,	2005 and assigned
This amendment is submitted to amend the following	 g:	
A. If amending name, enter the new name of the		
HOWZE, MONAGHAN, THERIAC & KRAMER, The new name must be distinguishable and end with the "L.L.C." B. If amending the registered agent and/or re registered agent and/or the new registered office a	words "Limited Liability Company," the	•
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida street address)	
_	(City)	_, Florida(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 amording 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 **Title** <u>Name</u> <u>Address</u> **Type of Action** Add Remove Add Remove Add Remove \Box Add Remove Add Remove Add Remove 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 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00