## L05000085440

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J. SAULSBERRY EXAMINER

**DCT 28** 2010

## **COVER LETTER**

	n of Corporations			
SUBJECT:	J.W. SMITH ARCHITECTURE & PLANNING, LLC  Name of Limited Liability Company			
	Name of Entitled Elability Company			
The enclosed Art	ticles of Amendment and fee(s) are submitted for filing.			
Please return all	correspondence concerning this matter to the following:			
	Jeffery W. Smith			
	Name of Person			
	J.W. Smith Design Group, LLC			
	Firm/Company			
	748 Broadway, Suite 202	á.	2	
	Address	E CHI	2010 OCT 25 AM 10: 35	
	Dunedin, FL 34689	NE SE	CT 2	4
	City/State and Zip Code evelyn@jwsmithap.com		) To	The state of the s
	E-mail address: (to be used for future annual report notification)	T ST	云	7
For further inform	mation concerning this matter, please call:	ACE ACE ACE ACE ACE ACE ACE ACE ACE ACE	<del>။</del> သွ	
	Jeffery W. Smith at ( 727 ) 785-4441			
	Name of Person Area Code & Daytime Telephone Number			
Enclosed is a che	eck for the following amount:			
\$25.00 Filing	See \$\sqrt{\$30.00}\$ Filing Fee & \$\sqrt{\$55.00}\$ Filing Fee & \$\sqrt{\$60.00}\$ Filing Fee & \$\sqrt{\$60.00}\$ Filing Fee & \$\sqrt{\$cate}\$ of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Statu: Copy		l)
	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

J.W. SMITH ARCHITECT	TURE & PLAN	NNING, LLC	<u> </u>
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company)	rs on our records.	
The Articles of Organization for this Limited Liability Company	y were filed on	08/29/2005	and assigned
Florida document numberL05000085440			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company he	<u>re</u> :	
Southern Point Construc	tion Manageme	ent, LLC	
The new name must be distinguishable and end with the words "Lim" L.L.C."	nited Liability Comp	any," the designation '	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A		<b>2010</b>
(Principal office address MUST BE A STREET ADDRESS)			
			<b>京</b> 2
Enter new mailing address, if applicable:	N/A		SECTION SECTIO
(Mailing address MAY BE A POST OFFICE BOX)			
			<b>R</b> 語 35
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:		iter Florida street aa	ldrass
	Li		er caa
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
	<del></del>		Add Remove
			[ Domovo
	N/A	on, enter change(s) here: (Attach additional sh	SECRETARY OF STATE ORIDA
Dated	October 20	ature #fathember or authorized representative of a	member
	Jigne	Jeffery W. Smith  Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00