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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan OCT -6 2009

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Holt and Associates, 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 Szymanski

Name of Person

Holt and Associates, LLC.

Firm/Company

3380 N.W. 114th St.

Address

Miami, FL 33167

City/State and Zip Code

kszymans@comcast.net

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

For further information concerning this matter, please call:

Kevin Szymanski

Name of Person

at ( 754 )

264-3520

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

FILED  
09 OCT -5 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Holt and Associates, 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 2/08/2006 and assigned  
Florida document number L06000013966.

This amendment is submitted to amend the following:

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

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:

3380 N.W. 114th St.

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33167

Enter new mailing address, if applicable:

3380 N.W. 114th St.

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33167

**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:

Kevin Szymanski

New Registered Office Address:

3380 N.W. 114th St.

*Enter Florida street address*

Miami

*City*

, Florida

33167

*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	Leonardo Perez	730 N.W. 195th Avenue Pembroke Pines, FL 33029	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Walter Kolosiwsky	7710 Simms Street Hollywood, FL 33024	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated September 28th, 2009

Signature of a member or authorized representative of a member

David James Holt

Typed or printed name of signee