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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

D. BRUCE  
JAN 02 2013  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: McClain, Smoak & Chistolini, 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:

William G K Smoak

Name of Person

McClain, Smoak & Chistolini

Firm/Company

320 W. Kennedy Blvd., Suite 600

Address

Tampa, FL 33606

City/State and Zip Code

billsmoak@flatrtrialcounsel.com

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

For further information concerning this matter, please call:

William G K Smoak

Name of Person

at 813 221-1331

Area Code & Daytime Telephone Number

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TALLAHASSEE FLORIDA

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

## Page 1 of 3

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 TALLAHASSEE FLORIDA

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

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Dated

December 26, 2012

Signature of a member or authorized representative of a member

William G K Smoak

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA