

LO1000040855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

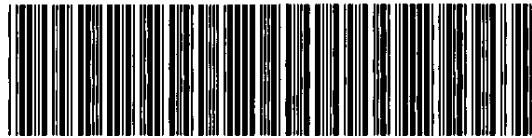
Special Instructions to Filing Officer:

L. SELLERS

MAY 18 2009

EXAMINER

Office Use Only



200155735692

200155735692
05/11/09--01014--024 **25.00

FILED
09 MAY 12 PM 12:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2009

LOURDES M. WOODS
139 OCEAN CAY WAY
HYPOLUXO, FL 33462

SUBJECT: WOODS & COMPANY, LLC
Ref. Number: L07000040855

We have received your document for WOODS & COMPANY, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 809A00014326

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

Woods & Company, 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 April 16, 2007 and assigned
Florida document number L07000040855.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Lourdes M. Woods

New Registered Office Address:

139 Ocean Cay way

(Enter Florida street address)

Hypoluxo

(City)

, Florida

33462

(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)

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TALLAHASSEE, FLORIDA

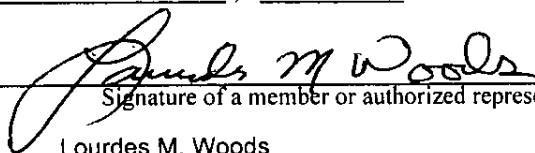
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Lourdes M. Woods	139 Ocean Cay Way Hypoluxo, FL 33462	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	John K. Woods	139 Ocean Cay Way Hypoluxo, FL 33462	<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.)*

Dated April 1, _____, 2009


Signature of a member or authorized representative of a member
Lourdes M. Woods

Typed or printed name of signee

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