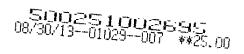
# #107000049446

(Req	uestor's Name)	)
(Add	ress)	
(Add	ress)	· ·
(City/	/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL.
(Busi	iness Entity Na	me)
(Doc	ument Number	)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



500251002695



13 AUG 30 AM II: 33
SEURE LARY OF STATE
(ALL ANASSEE, FLORIDA

K. SALY EXAMINER

SEP - 4 2013

# ROBERT KIT KOREY, P.A. KOREY, SWEET, MCKINNON & SIMPSON

Attorney and Counselors at Law

Robert Kit Korey, P.A. Jeffrey C. Sweet Noah C. McKinnon, Jr., P.A. Scott E. Simpson, P.A Abraham McKinnon R. Kevin Korey Adam K. Dunn

Suite A, Granada Oaks Professional Building 595 West Granada Boulevard Ormond Beach, Florida 32174 Telephone (386)677-3431 Telefax (386)673-0748

August 28, 2013

Registration Section.
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

VIA FEDERAL EXPRESS

RE:

Articles of Amendment to Articles of Organization

### Madam:

Enclosed please find the Articles of Amendment to the Articles of Organization of The Howard Reading Services, LLC for filing.

I have enclosed a check in the amount of \$25.00 payable to the Department of State to cover filing fees.

Should you have any questions regarding these enclosures, please do not hesitate to contact me.

Very truly yours,

Carleen R. Jones

Legal Assistant to R. Kevin Korey

enclosures

## **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

The Howard Reading Service 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:

R. Kevin Korey, Esq.

Name of Person

Robert Kit Korey PA

Firm/Company

595 W. Granada Blvd. Ste. A

Ormond Beach, FL 32174

City/State and Zip Code

glhoward@centurylink.net

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

For further information concerning this matter, please call:

Carleen Jones

at (386) 677-3431 x 227

Area Code & Daytime Telephone Number

Name of Person

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 Tallahassec, 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

13 AUG 30 AM II: 33

SLUNCIANY OF STATE
TALLAHASSEE, FLORIDA

The Howard Reading Services 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 Liab	ility Company were filed on M	ay 9, 2007	and assigned
Florida document number L07000049446	·		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company he	ere:	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Comp	pany," the designation "LLC	or the abbreviation
Enter new principal offices address, if applicab	de:		
(Principal office address MUST BE A STREET.	ADDRESS)		
		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the	name of the new
Name of New Registered Agent:	Georgia L. Howard		
New Registered Office Address:			
	E	Enter Florida street addres.	<i>S</i> '
	Cin	, Florida	Zip Code
New Registered Agent's Signature, if changing Re	City	•	Lip Coue

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

Page 1 of 3

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>	Address	Type of Action	
			Add	
			Remove	
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Remove	
			Add	
			Remove	
			Remove	
		Add		
			Remove	
			<del></del>	
		Add		
			Remove	

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	The correct and proper name of the manager is Georgia L. Howard
Dated	2013
	X Leorge J. Howard
	Signature of a member or authorized representative of a member
	Georgia L. Howard

Page 3 of 3

Filing Fee: \$25.00