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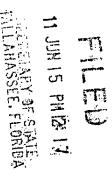
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D. BRUCE
JUN 1 6 2011
EXAMINER

## **COVER LETTER**

TO:	Registration Sec Division of Corp				
SUBJE	CT:				
~ • • • •					
The end	closed Articles of A	Amendment and fee(s) are sul	bmitted for filing.		
Please 1	return all correspon	dence concerning this matter	r to the following:		
		<b>W</b>	/ILLIAM C. BOZEMAN		<u></u>
			Name of Person		
Firm/Company					_
		.40	2 S. COOPER STREE	Т	
			Address		
		32169			
		bozema E-mail address: (	ASS 5 F		
For furt	ther information co	ncerning this matter, please of	PH ST		
	WILLIAN	M C. BOZEMAN	at ( 386 )	690-6665	
	Name of	Person		Daytime Telephone Numb	per
Enclose	ed is a check for the	e following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certifi aclosed) Certifi	Filing Fee, cate of Status & ed Copy onal copy is enclosed)
	МАН.П	NG ADDRESS:	STREET/C	OURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILLIAM BOZEMAN & ASSOCIATES, LLC

(Name of the Limite	<b>d Liability Compa</b> A Florida Limited I	ny as it now appears of iability Company)	n our records.)	)		
The Articles of Organization for this Limited I Florida document number		were filed on	7/3/07	and assigned		
This amendment is submitted to amend the fol	lowing:					
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 abbrevia						
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability Company,	" the designatio	n "LLC" or the abbrevi		
Enter new principal offices address, if appli	402 S. COOPE	RSTREET				
(Principal office address MUST BE A STRE	ET ADDRESS)	NEW SMYRNA	BEACH, FL	. 32169=		
				355 55 1		
Enter new mailing address, if applicable:	402 S. COOPER	RSTREET	me - 111			
(Mailing address MAY BE A POST OFFICE	NEW SMYRNA	BEACH, FL				
				OFF.		
B. If amending the registered agent and registered agent and/or the new registered of			records, ent	er the name of the		
Name of New Registered Agent:	WILLIAM C	. BOZEMAN				
New Registered Office Address:	402 S. COC	402 S. COOPER STREET				
		Enter Florida street address				
	NEW S	MYRNA BEACH	, Florida	32169		
		City	· · · · · · · · · · · · · · · · · · ·	Zin 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 **Type of Action Title** <u>Name</u> Addr<u>ess</u> TERRI M. KINSEY MGRM 1369 WAINWRIGHT WAY ☐ Add √ Remove FORT MYFRS, FLORIDA 33919 Remove □ Add ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessarys): Signature of chember or authorized representative of a member WILLIAM C BOZEMAN

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00