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MAR 0 5 2013 D. BRUCE

## **COVER LETTER**

Division of Corporations
SUBJECT: Daugle: Smith, P.L.  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:
Katherine Naugle Name of Person
the Law Office of Katherine Schnauss Naug
SID Margaret St. Address
Jax., FL 32204 City/State and Zip Code
E-mail address (to be used for where annual report notification)
For further information concerning this matter, please call:
Name of Person  Area Code & Daytime Telephone Number  Rea Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\text{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

Maugle:	Sm; th	P.L.			
(Name of the Limited L (A F	iability Companionida Limited L	i <mark>ý as it now appears or</mark> iability Company)	our records.)		
The Articles of Organization for this Limited Liab	bility Company	were filed on/ O	76/200	$\overline{2}$ and ass	igned
Florida document number <u>LO 70001</u>	<u>0894</u> Z				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the	he limited liabi	lity company here:			
The Law Office of	Kather	ine Schne	auss No	augle,	P.L.
The Law Office of The new name must be distinguishable and end with	the words "Limit	ed Liability Company,"	the designation	"LLC" or the	bbreviation
"L.L.C."					
Enter new principal offices address, if applicab	ole:				
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>			<b>₽.</b> №	>:
				PALE SEC	<del></del>
				MAR CARE	
Enter new mailing address, if applicable:				S 1	
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>				TH:
				<del> </del>	
B. If amending the registered agent and/or	registered off	ice address on our	records, enter		f the new
registered agent and/or the new registered office	ce address here	:		the Halle	
	11	0		<b>10</b> 3	,
Name of New Registered Agent:	<u>katr</u>	ierine Sch	<u>mauss</u>	Mang	<u>le</u>
New Registered Office Address:	810 W	nefine Sch largaret G Enter I City	<u>St.</u>		
		() Enter I	Florida street aa	ldress	
	Sax	•	, Florida _	3220	· 4
		City		Zip Code	1
New Registered Agent's Signature, if changing Reg	gistered Agent:				
I hereby accept the appointment as registered	agent and agre	re to act in this canac	rity. I further a	gree to com	dv with
the provisions of all statutes relative to the pro					

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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 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> **Type of Action** Jonathan M. Smith, Esq. 810 Margaret St.

Sax, FL 32204 MGR Remove Remove

Add

Remove

	<del></del>
Na	uh 151 . 2013.
Na	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

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