

LD7000125918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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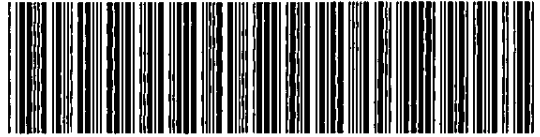
(Business Entity Name)

(Document Number)

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08 APR 17 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 17 2008

EXAMINER

**BIRD & LEINBACK, P.L.**

ATTORNEYS AT LAW  
P.O. BOX 247  
MONTICELLO, FL 32345



165 East Dogwood Street  
Monticello, Florida 32344

850-997-3503  
(fax) 850-997-7109

April 16, 2008

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**FILED**  
08 APR 17 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Bird, Leinback & Sparkman, P.L.

Dear Sir/Madam:

Enclosed please find an Articles of Amendment to Articles of Organization, along with check #4318 in the amount of \$30.00 to cover the filing fee in regards to the above referenced Bird, Leinback & Sparkman, P.L. I have enclosed a self-addressed, stamped envelope to return my certified copy.

Thank you for your assistance in this matter.

Should you have any question concerning the above, please contact me.

Very truly yours,



Paula M. Sparkman

PMS/ds

Enclosures as stated

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

BIRD & LEINBACK OF MONTICELLO, P.L.

(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 12/20/07 and assigned  
Florida document number L07000125918.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BIRD, LEINBACK & SPARKMAN, P.L.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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:

New Registered Office Address:

(Enter Florida street address)

\_\_\_\_\_, Florida

(City)

(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)

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
MGRM	Paula M. Sparkman	165 E. Dogwood Street	<input checked="" type="checkbox"/> Add
		Monticello, Florida 32344	<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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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08 APR 17 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated APRIL 7, 2008

T. Buckingham Bird  
Signature of a member or authorized representative of a member

T. BUCKINGHAM BIRD  
Typed or printed name of signee