

LD7000125918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

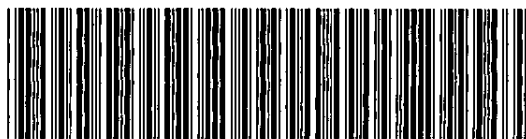
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SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 FEB - 3 AM 11:44

G. MCLEOD

FEB - 4 2009

EXAMINER

**BIRD & SPARKMAN, P.L.**  
ATTORNEYS AT LAW  
P.O. BOX 247  
MONTICELLO, FL 32345



T. Buckingham Bird, Esq.  
165 East Dogwood Street  
Monticello, Florida 32344

Paula M. Sparkman, Esq.  
850-997-3503  
(fax) 850-997-7109

February 2, 2009

Department of State  
Division of Corporations  
Amendment Section  
P.O. Box 6327  
Tallahassee, Florida 32314  
Attn: Gina McLeod

Re: Bird, Leinback & Sparkman, PL  
Article of Amendment

Dear Madam:

Enclosed please find an Article of Amendment to Articles of Organization in regards to the above referenced Limited Liability Corporation to be filed with the State. I have previously sent you a check #4758 in the amount of \$35.00 to cover the filing fee. **Please send a refund of \$10.00 payable to Bird & Sparkman, PL** at P.O. Box 247, Monticello, Florida 32344.

Also, included is an extra copy of the Article of Amendment to be date stamped and returned to my office in the enclosed self-addressed, stamped envelope.

Thank you for your assistance in this matter.

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

Very truly yours,

T. Buckingham Bird

TBB/ds  
Enclosures as stated

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BIRD, LEINBACK & SPARKMAN, 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:

T. Buckingham Bird

(Name of Person)

Bird, Leinback & Sparkman, P.L.

(Firm/Company)

165 E. Dogwood Street

(Address)

Monticello, Florida 32344

(City/State and Zip Code)

For further information concerning this matter, please call:

T. Buckingham Bird

(Name of Person)

at ( 850 ) 997-3503

(Area Code & Daytime Telephone Number)

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  
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**

BIRD, LEINBACK & SPARKMAN, 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 & 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."

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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 FEB -3 AM 11:44

**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
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
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		_____	<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.)*

\_\_\_\_\_

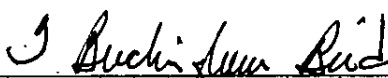
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_.

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 T. Buckingham Bird  
 \_\_\_\_\_  
 Typed or printed name of signee