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**EXAMINER** 

DIVISION OF CORPORATIONS

09 NOV -6 PM 12: L5

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Smallwoo	od & Patton, LLC	
		ited Liability Company	OSMON -6 PM 12: 45
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	7 88. CO.
Please return all corresp	oondence concerning this matter	to the following:	ON IC.
		Gary Smallwood	
		Name of Person	
Smallwood & Patton, LLC			
	Firm/Company		
1608 Riveredge Road			
		Address	<del></del>
	C	Oviedo, Florida 32766	
		City/State and Zip Code	
	ga	ryvette1998@aol.com	
	E-mail address: (	to be used for future annual report notifica	tion)
For further information	concerning this matter, please of	call:	
Ga	ry Smailwood	at (	48-8676
Name	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

			and assigned
Smallwo	od & Patton, LLC		9 02
(Name of the Limited Liability (A Florida Li	Company as it now appea imited Liability Company)	rs on our records.)	Q 9535
(***********	<b>,</b> 2, 2,		6 000
The Articles of Organization for this Limited Liability Co	ompany were filed on	March 9, 2009	and assigned
Florida document number L0900022759	<u>_</u> .		(A) (A)
			5
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company he	re:	
		<del></del> -	
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	ESS)		
	<del>-                                    </del>		
Enter new mailing address, if applicable:	***		<u>, , , , , , , , , , , , , , , , , , , </u>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		our records, <u>enter tl</u>	ne name of the new
registered agent and/or the new registered office addire	ess nere:		
Name of State Designation of Assert			
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, <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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gary M. Smallwood	1608 Riveredge Road Oviedo, Elorida 32766	Add ☑ Remove
<del></del>			Add Remove
<del></del>	<del>,,, , , , , , , , , , , , , , , , , , </del>		Add Remove
<del></del>	<del></del>		Add Remove
<del></del>			Add Remove
			Add Remove
D. If amend	ding any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	_
			_ _
  Dated	Nov L,	2009	_
		ember or authorized representative of a member	
	2.g 5 % w 110	Gary M. Smallwood	
	Т	vped or printed name of signee	<del> </del>

typed or printed name of signe

Page 2 of 2

Filing Fee: \$25.00