

L09000040312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

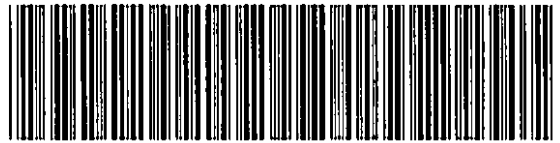
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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JUL 31 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MURIEL B. SMITH INVESTMENTS, LLC
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:

PATRICK E. MANGAN
Name of Person
CALER DONTEN LEVINE ET AL
Firm/Company
505 SOUTH FLAGLER DRIVE, SUITE 900
Address
WEST PALM BEACH, FL 33401
City/State and Zip Code
PMANGAN@CDLCPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICK E. MANGAN 561 832-9292
Name of Person at (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**

MURIEL B. SMITH INVESTMENTS, LLC

(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 4/27/2009 and assigned Florida document number L09000040312.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

505 S. FLAGLER DRIVE, SUITE 900
WEST PALM BEACH, FL 33401

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

505 S. FLAGLER DRIVE, SUITE 900
WEST PALM BEACH, FL 33401

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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: PATRICK E. MANGAN

New Registered Office Address: 505 S. FLAGLER DRIVE, SUITE 900
Enter Florida street address

WEST PALM BEACH, Florida 33401
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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	MURIEL B. SMITH	3410 SOUTHERN CAY DRIVE	<input type="checkbox"/> Add
		JUPITER, FL 33477	<input checked="" type="checkbox"/> Remove
		575 WINTURFORD DR.	<input checked="" type="checkbox"/> Change
MGR	CHARLES W. SMITH	WEST CHESTER, PA 19382	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2472 GRANDIN ROAD	<input checked="" type="checkbox"/> Change
MGR	GAIL COUGHLIN	CINCINNATI, OH 45208	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1185 PARK AVE., APT 15E	<input checked="" type="checkbox"/> Change
MGR	MICHAEL SMITH	NEW YORK, NY 10128	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated June 25, 2018

Gail Coughlin
Signature of a member or authorized representative of a member

GAIL COUGHLIN
Typed or printed name of signee