L0900055491

(Requestor's Name)	•		
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)	. *****	.,, . '	
(Document Number)	•		
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OCT - 7 2009

EXAMINER



COVER LETTER

ТО:	Registration So Division of Cou			
SUBJE	ECT:	Simard '	Weinman,LLC.	
50201			ted Liability Company	
		Amendment and fee(s) are sub	-	9.5 ***
			Claire A. Larson	OS OCT -5
S		S	imard Weinman,LLC. Firm/Company	TORRORATIONS NO. 02
			13142 Rinaldi Rd.	8: 02
			Address	
		Sar	Antonio,Florida 33576 City/State and Zip Code	
For fur	ther information o	E-mail address: (concerning this matter, please c	to be used for future annual report notific	ration)
		ire A. Larson	at \	588-0951
	Name o	f Person	Area Code & Daytime	Telephone Number
Enclose	ed is a check for t	he 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		ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	tions oter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Simard Weir	nman LLC.			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appea liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL0900055491			_ and Grign His	
This amendment is submitted to amend the following:	iliter commons hoo		OCT S # 8:02	
A. If amending name, enter the new name of the limited liab	ину сопрану не	<u>re</u> :	స	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Compa	any," the designation "Ll	C" or the abbreviation	
Enter new principal offices address, if applicable:	13142 Rinaldi Rd.			
(Principal office address MUST BE A STREET ADDRESS)	San Antonio,Florida 33576			
			······································	
Enter new mailing address, if applicable:	13142 Rinaldi Rd			
(Mailing address MAY BE A POST OFFICE BOX)	San Antonio, Florida 33576			
	<u> </u>			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter th</u>	e name of the new	
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> **Name Address** Type of Action Wayne Tanner MGRM 5243 Gall Blvd Suite#1` ☐ Add Zephyrhills, Florida 33542 ✓ Remove Claire A. Larson MGRM 13142 Rinaldi Rd ✓ Add San Antonio Florida 33576 ☐ Remove □ Add Remove ∏ Add _ Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 2 Dated ____ Mann Signature of a member or authorized representative of a member Wayne Tanner MGRM

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00