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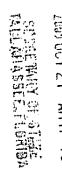
(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status				
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Special Instructions to Filips Officer				
Special Instructions to Filing Officer:				

Office Use Only



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والمتحدث بإداويها عاجا

T. CLINE

OCT 2 2 2009

**EXAMINER** 

69-W87

## **COVER LETTER**

Division of Corpo				
SUBJECT: Smoo	oth Transitions	Serving Sarasota	Charlotte Countie	os LLC
	Name of Limit	ed Liability Company		
	mendment and fee(s) are sub	-		
Please return all correspond	lence concerning this matter	to the following:		
	<u> </u>	y Larney Name of Person		
	Smoo	th Transitions of	Sarasota Count	y LLC
		Firm/Company	······································	
	708 ×	Serata St. Address		
		Address		
	Venice	City/State and Zip Code	769	wa ng iliku g <u>u</u>
		erney I @ Verizon.n		erit Account
		be used for future annual report notificati		di di
For further information con	cerning this matter, please ca	all:		
Mancy K	Jarney	at ( <u>941) 408-55</u> Area Code & Daytime Te	05	
Name of P	erson	Area Code & Daytime 16	elephone 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)	S60.00 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

Smooth Transitions Serving Sara sota & Charlotte Counties LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited L	caomity Company)	
The Articles of Organization for this Limited Liability Company	were filed on 6 - 25 - 20	09 and assigned
Florida document number <u>CP 575 B</u> Employer		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Smooth Transitions of Sarasa	sta. County LLC	
Smooth Transitions of Saraso The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	same	TALES PER
(Principal office address MUST BE A STREET ADDRESS)	same no change	3月8 11
		60% 2 F
		the state
Enter new mailing address, if applicable:	same	
(Mailing address MAY BE A POST OFFICE BOX)	same_ no change_	
		T*
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:		
New Registered Office Address:	oddress	
	, Florida _ City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further of the performance of my duties, and provided for in Chapter 608, F.S. Caddress, I hereby confirm that the Dancy Llamay	I am familiar with and Pr, if this document is limited liability

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Address</u> **Title** <u>Name</u> **Type of Action** Member/ Remove Owner ☐ Add Remove not certain if Joanne's name is on this - If so, please remove her name ☐ Add Remove Add Remove | Add □Remove 🚟 Β₩ΑΓ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Change name of 11c From: Smooth Transitions Serving Sarasota & Charlotte Countres U.C. Smooth Transitions of Sarasota County LC 10-18 Dated \_\_\_ Symptometry Sympto Nancy Harney
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00