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S. HAWKES
AUG 2 1 2009
EXAMINER

## **COVER LETTER**

TO:

TO:	Registration Se Division of Con			
SUBJE	·CT·	Edith M. Ker	mer-Douglas, PLLC	
SOBJE			ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			dith (Cookie) Douglas	
			Name of Person	
		Edith	M. Kermer-Douglas, LLC Firm/Company	
			Firm Company	
		15	5108 Briar Ridge Circle	
			Address	
			Fort Myers, FI 33912	
		Landin	City/State and Zip Code	
		E-mail address: (	douglas@mindspring.com to be used for future annual report noti	fication)
For fur	ther information o	concerning this matter, please of	call:	
		okie Douglas	at ( 239 )	410-1929 ne Telephone Number
	Name c	of Person	Area Code & Daytin	ne Telephone Number
Enclos	ed is a check for t	he following amount:		
<b>₽</b> \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status &  Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Edith M. Ke	ermer-Douglas, PL	LC				
(Name of the Limited Liability (A Florida I	Company as it now appear imited Liability Company)	urs on our records.)				
The Articles of Organization for this Limited Liability C	ompany were filed on	August 7, 2009	and assigned			
Florida document numberL0900073509		م.	. 0			
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limi	ited liability company be		and assigned			
<u> </u>		i.e.	199 <b>3</b>			
	ermer-Douglas, LLC		<u> </u>			
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Comp	any," the designation "Li	C or the andreviation			
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDR	(ESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		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 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

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			And The Conference of the Conf
			Add Remove 5
			Rêmôve €
			Remove
			Add Remove
			Damaya
		enter change(s) here: (Attach additional she	
_			
_			
Dated	August 16	2009	
	Signature	of a member or authorized representative of a m	nember
		Edith M. Kermer-Douglas	

Page 2 of 2

Filing Fee: \$25.00