# 109000095152

(F	Requestor's Name)			
(A	ddress)			
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(C	City/State/Zip/Phone #)			
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(C	Ocument Number)	:		
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C. LEWIS

OCT 2,9 7009

EXAMINER

# **COVER LETTER**

TO: Registration S Division of Co		•		
SUBJECT:	EDWARD	& KAREN, LLC		
	Name of Limit	ted Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		John P. Martin		
		Name of Person		
John P. Martin, P.A.				
		Firm/Company		
	40	01 S. Lincoln Avenue		
		Address		
Clearwater, Florida 33756				
		City/State and Zip Code		
	jpm E-mail address: (i	law@tampabay.rr.com o be used for future annual report notifica	tion)	
For further information	concerning this matter, please co	all:		
Jo	ohn P. Martin	at ( 727 ) 4	67-9470	
Name	of Person	at ( 727 ) 4 Area Code & Daytime 1	Felephone 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

FILED

2009 OCT 28 PM # 46

(Name of the Limited (A	OWARD & KAREN, L Liability Company as it now a Florida Limited Liability Comp	LC SEC appears on our records.) pany)	RETARY OF STATE AHASSEE, FLORIDA
The Articles of Organization for this Limited Lie Florida document number	• •	n10/01/2009	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability compar	ı <u>y here</u> :	
EDW	ARD & KAREN SMITH,	LLC	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability (	Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applica	nble:		
(Principal office address MUST BE A STREE)	(ADDRESS)		
•			<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u></u>		
- · · · · · · · · · · · · · · · · · · ·			
B. If amending the registered agent and/o registered agent and/or the new registered off		on our records, enter	the name of the new
Name of New Registered Agent:		<del></del>	
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 **Type of Action** Title **Name Address** ☐ Add Remove Remove Remove Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 22 2009 Dated Signature of a member of authorized representative of a member Edward F. Smith Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00