## L1000004276

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SECRETARY OF STATE OIVISION OF CORPORATIONS

T. HAMPTON
FEB 1 0 2011
EXAMNER

## **COVER LETTER**

TO: , Registration Section Division of Corporations
SUBJECT: Ed Smith Services 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:
Ed Smith Name of Person
Ed Smith Services LLC.
5019 Betredere Rd.
West Palm Blach Fl 33415. City/State and Zip Code
E-mail address: (to be used for future annual peport notification)
For further information concerning this matter, please call:
Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

ARTICLES OF ORGANIZATION SECRETARY OF STATE DIVISION OF CORPORATIONS

U	r		
Mame of the Limited Liability Compa (A Florida Limited)	ny as it now appears on	11 FEB -9 AN Our records.)	114.67 —
The Articles of Organization for this Limited Liability Company Florida document number 1000006274.	were filed on 113		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liable and end with the words "Limited.L.C."	es LLC	the designation "LLC" of	or the abbreviation
Enter new principal offices address, if applicable:	<del></del>		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13705 You	irmouth on FL 33	10urt.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on our r <u>e</u> :	records, enter the na	ame of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		······································
New Registered Office Address:	Futor F	lorida street address	
	Enter Florida street address		
<u></u>	City	, Florida 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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> Name <u>Address</u> Type of Action ☐ Add ☐ Remove ☐ Add Remove  $\square$ Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

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Filing Fee: \$25.00