## L1000025790

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(Document Number)					
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12 JUN 11 PM 3: 35

FILED SECRETARY OF STATE DIVISION OF CORFORATIONS

JUN 1 2 2012 T. HAMPTON

## **COVER LETTER**

TO: Registration S Division of Co						
SUBJECT:	Tony Schroed	ler & Associates LLC				
		ted Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
Clarence A. Schroeder						
Name of Person						
Tony Schroeder & Associates LLC						
Firm/Company						
	48	800 Waterwitch Pt. Dr.				
		Address				
		Orlando Fl. 32806				
		City/State and Zip Code				
	cs	chroeder2@cfl.rr.com				
	E-mail address: (	to be used for future annual report notifical	tion)			
For further information	concerning this matter, please of	eall:				
Clarer	nce A. Schroeder	at (	56-8331			
Name	of Person	Area Code & Daytime T	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)	\$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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT

## ARTICLES OF ORGANIZATION OF CORPORAT

12 JUN 1 1 PM 3: 35 **OF** 

Tony Schr	oeder & Assoca	LLC	
(Name of the Limited Liabi (A Florid	lity Company as it now appe la Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	March 8, 2010	and assigned
Florida document number L10000025790	·		
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liability company h	ere:	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Com	pany," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicable:	<del></del>		
(Principal office address MUST BE A STREET AD			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regressered agent and/or the new registered office a		our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street addr	ess
	•	, Florida	acaret
	City	, Fiorida	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
D. If a		(s) here: (Attach additional sheets, if necessary.)	_
	Tony Schroeder & Assoc. LLC owners  Clarence A. Schroeder and Roberta B	B. Schroeder, his wife, by joint tenants by	_
		ership position for Clarence A. Schroeder	<del>-</del>
	and a 50% ownership position for his	wife, Roberta B. Schroeder.	_ 0
			SECRET DIVISION O
Dated _	June 9 , 201	-61- Sal-	ARY OF S
	~	or authorized representative of a member nce A. Schroeder	3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3
		rice A. Scrifteder	<u>7</u>

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Filing Fee: \$25.00