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## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SMITH AND VERBIT, PL

Account Number : I20100000081

Phone : (954) 965-8350

Fax Number

: (954)241-6947

\*\*Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please \*\* Email Address: Frank. Smith @ Jm. Muchit. const

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SMITH AND VERBIT, PL

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APR 2 3 2013



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMITH AND VERBIT PL			
(Name of the Limited Linbility	Company as it now as	oncars on our records.)	
(A Florida L	lmited Liability Compa	iny)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	4/15/2010	and assigned M 8: 01
Florida document number L10000040394	<del></del> ,		CAR OF THE
This amendment is submitted to amend the following:			Contraction of
A. If amending name, enter the new name of the limit	ted Dability company	<u>v nere</u> :	
FMS LAWYER PL	····		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Co	ompany," the designation "L	LC" or the abbreviation
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 registered agent and/or the new registered office addr	ered office address ess here:	on our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street addi	ress
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered	I Agent:		
• • • • • • • • • • • • • • • • • • • •			

If Changing Registered Agent, Signature of New 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.



MGR = Manager

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:

MGRM =	MGRM = Managing Member			
Title	Name	Address	Type of Action	
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			Remove	
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			Add	
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If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
<sub>ed</sub> April :	22, 2013
	Michin
	Signature of a member or authorized representative of a member
F	RANK SMITH MGRM
_	Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE