

L110000110014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

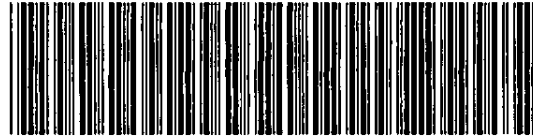
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

MAY 23 2013  
L. SELLERS

Office Use Only



800248076488

05/20/13--01021--022 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 MAY 20 PM 1:30

FILED

## COVER LETTER

TG: Registration Section  
Division of Corporations

SUBJECT: Valerie Smith Designs 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:

Kathryn M. Weber, CPA

Name of Person

Kathryn M. Weber, CPA & Assoc.

Firm/Company

P.O. Box 4363

Address

Annapolis, MD 21403

City/State and Zip Code

kathryn\_weber@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathryn M. Weber, CPA at ( 410 ) 280-8988

Name of Person

Area Code & Daytime Telephone 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  
TO  
ARTICLES OF ORGANIZATION  
OF**

Valerie Smith Designs LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Sept. 23, 2011 and assigned Florida document number L11000110014.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5350 Gulf of Mexico Dr.

Longboat Key, FL 34228

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

5350 Gulf of Mexico Dr.

Enter Florida street address

Longboat Key

City

, Florida 34228

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

FILED  
13 MAY 28 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Valerie S. Thackray	5350 Gulf of Mexico Dr.	<input checked="" type="checkbox"/> Add
		Longboat Key, FL 34228	<input type="checkbox"/> Remove
MGRM	Valerie S. Thackray	350 Gulf of Mexico Drive #233C	<input type="checkbox"/> Add
		Longboat Key, FL 34228	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

---

---

---

---

---

Dated May 14, 2013



Signature of a member or authorized representative of a member

Valerie S. Thackray

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**