

L110000111000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

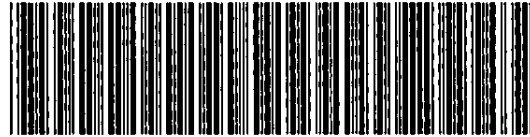
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. BRYAN

DEC 11 2012

EXAMINER

LAW OFFICES
FRANK J. GRECO, P.A.
A FLORIDA PROFESSIONAL ASSOCIATION
708 SOUTH CHURCH AVENUE
TAMPA FLORIDA 33609
TELEPHONE: (813) 287-0550
FAX: (813) 289-5331
Email: fgrecolaw@verizon.net

December 7, 2012

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Document # L11000111000

Dear Division of Corporations representative,

Enclosed please find a Cover Letter and Articles of Amendment to Articles of Organization for the above referenced LLC. Please update your records accordingly. Also enclosed is a check in the amount of \$30.00 to cover your filing fee and Certificate of Status.

Should you have any questions, do not hesitate to contact this office.

Sincerely,

Frank J. Greco, P.A.

Frank J. Greco

FJG/acp
Enclosure

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Smoken Boots Data, 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:

David S. Campbell

Name of Person

SNB Data, LLC

Firm/Company

1527 W. Linebaugh Ave.

Address

Tampa, FL 33612

City/State and Zip Code

dave@snbdata.com

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

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SECRETARY OF STATE

For further information concerning this matter, please call:

David S. Campbell

Name of Person

at (813) 245-3434

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Smoken Boots Data, 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 September 28, 2011 and assigned
Florida document number L11000111000

This amendment is submitted to amend the following:

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

SNB Data, LLC

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)

SNB Data, LLC

1527 W. Linebaugh Ave.

Tampa, FL 33612

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SNB Data, LLC

1527 W. Linebaugh Ave.

Tampa, FL 33612

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:

David S. Campbell

New Registered Office Address:

1527 W. Linebaugh Ave.

Enter Florida street address

Tampa

Florida 33612

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

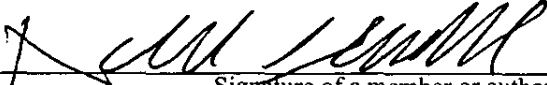
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Lincoln E. Yero	18301 Timberlan Drive	<input type="checkbox"/> Add
		Lutz, FL 33549	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated _____, _____.

 12/7/12
Signature of a member or authorized representative of a member
David S. Campbell
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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