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EXAMINER



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COVER LETTER

SUBJECT:	Aft. Forsyth	& Sober, LLC.		
SUBJECT.		ted Liability Company	P. F.	
			72	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	PX	
Please return all correspondent	ondence concerning this matter	to the following:	12 HAY 29 PM 3:51	
	Charles T. S	Gober, Jr.		
	<u>-</u>	Name of Person		
Aft, Forsyth & Sober, LLC.				
		Firm/Company		
	4355 Lynx F	'aw Trail		
		Address		
	Valrico, FL	. 33596		
		City/State and Zip Code		
	chuck@aftfo	rsyth.com o be used for future annual report notifical	rion)	
The court of the court	·	·	non	
For further information (concerning this matter, please c	ail:		
	T. Sober, Jr.	at (813) 684-9218		
Name of Person Area Code & Daytime Telephone Number			elephone Number	
Enclosed is a check for t	he 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

TO:

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

Aft, Forsyth & So	ober IIC	=
(Name of the Limited Liab	ility Company as it now appears on our records.) da Limited Liability Company)	長門
(A rion	ua Emmed Liaomty Company)	. 2
The Articles of Organization for this Limited Liability	y Company were filed on December 28, 201	1 and assigned
Florida document number <u>L11000145547</u>	·	٠ <u>٠</u> ٠٠٠
This amendment is submitted to amend the following	;:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
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 a	gistered office address on our records, <u>enter</u> ddress here:	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
<u> </u>	, Florida	
	Citv	Zin 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 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 **Type of Action** Title <u>Name</u> <u>Address</u> 400 Royal Palm Way, Suite 410 MGRM Larry N. Aft ☐ Add Palm Beach, FL. 33480 Remove 4355 Lynx Paw Trail Janet Sober MGRM ☐ Add Valrico, FL. 33596 ■ Remove Add □ Remove Add 1 Remove $\prod Add$ Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 23 2012 Dated . Signature of a member or authorized representative of a member Charles T. Sober, Jr.

Typed or printed name of signee

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Filing Fee: \$25.00