# #112000159462

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13 SEP -3 PH 4: 28
SECRETARY OF STATE
SALAHASSEE, FLORIDA

K. SALY EXAMINER SEP - 4 2013

#### **COVER LETTER**

TO:

**Registration Section** Division of Corporations

Eavenson & Evans, P.L.

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:

### **Brad Eavenson**

Name of Person

Eavenson, Lunsford & Evans, P.L.

Firm/Company

2000 PGA Boulevard, Suite 3200

Address

Palm Beach Gardens, FL 33408

City/State and Zip Code

beavenson@eelawpl.com

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

For further information concerning this matter, please call:

## **Brad Eavenson**

at (561)626-1011

Area Code & Daytime Telephone Number

Name of Person

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

FILED 13 SEP -3 PH 4: 28

Eavenson & Evans, P.L.		PATTY JAKY OF STATE
(Name of the Limited L (A I	Liability Company as it now appears or Florida Limited Liability Company)	our records.) AMASSEE, FLORIDA
The Articles of Organization for this Limited Lia Florida document number L12000159462		
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
Eavenson, Lunsford & Evans, P.L.		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,"	' the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	'ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter 1	Florida street address
		, Florida
	City	Zip Code
Many Desistant Assetts Cinustine Makes at a De	!_4	

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 = Man MGRM = Ma	ager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			Add
			Remove
			Add
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	<del></del>		Add
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			Remove

. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
ted	8/29/2013	
	Signature of a member or authorized representative of a member	
	Brad Eavenson	
	Typed or printed name of signee	

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Filing Fee: \$25.00