L130000 93231

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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07/30/13--01015--011 **25.00



COVER LETTER

TO: Registration Section

· Division of Corporations

SUBJECT:

R.Walter Smith, Jr. Services 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:

Richard W. Smith, Jr.

Name of Person

Firm/Company

14045 Spanish Marsh Trail

Address

Jacksonville, FL 32225

City/State and Zip Code

ponce025@yahoo.com

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

For further information concerning this matter, please call:

Richard W. Smith, Jr.

_{ar} 904 374-6644

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)

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

R. Walter Smith, Jr. Services I		
(Name of the Limited Liab (A Flor	oility Company as it now appears on our record ida Limited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liabili		and assigned
	<u></u>	
Florida document number L13000093231	·	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
R WALTER SMITH JR LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET A	DDRESS)	
		<u> </u>
		AFE 13
Enter new mailing address, if applicable:		2€ 5
(Mailing address MAY BE A POST OFFICE BOX	2	SS 3
		M ← Property
B. If amending the registered agent and/or re	egistered office address on our records, e	nter the name of the nev
registered agent and/or the new registered office	address here:	DA DA
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		. 11
	Enter Florida stre	ei aaaress
-	, Flori	
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR—Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
			Add	
			Remove	
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			Add	
ţ			Remove	

D. If amending any other	er information, enter change(s) here: (Attach additional sheets, if necessary.)
• '	
<u></u>	
- " ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 	
<u></u>	
Dated 07/29	2013
Dén	Pulys. Smtt.
Diebard	Signature of a member or autholized representative of a member W. Smith, Jr.
Richard	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 JUL 30 AN II: 01
SECRETARY OF STATE
TALLAHASSEE, FLORID