

L14 000080674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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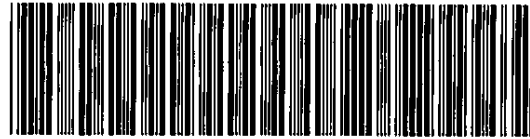
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Leon & Pauline Smith 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:

Anwar McElhaney
Name of Person

Firm/Company

13725 Yarmouth Drive
Address

Wellington, FL 33414
City/State and Zip Code

anwarmcelhaney@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anwar McElhaney at (561) 222-0555
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**

Leon & Pauline Smith 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 5/19/2014 and assigned Florida document number 114000080674.

This amendment is submitted to amend the following:

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

Leon & Pauline Smith 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)

914 29th Street West Palm
Beach, FL 33407

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13725 Yarmouth Dr.
Wellington, FL 33414

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:

Enter Florida street address

City, Florida

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Dorene Andrews	914 29 th Street, West Palm Beach, FL	☒ Add ☐ Remove
AMBR	Kim Howard	3721 Ave H East Riviera Beach, FL	☒ Add ☐ Remove
AMBR	James Howard	3721 Ave H East Riviera Beach, FL	☒ Add ☐ Remove
AMBR	Darlene McElhane	532 West Kalmia Dr Apt # 7	☒ Add ☐ Remove
AMBR	Cheryl Williams	1581 W. 11 th Street Palm Beach, FL	☒ Add ☐ Remove
AMBR	Shalibar McElhane	914 29 th Street, West Palm Beach, FL	☒ Add ☐ Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Doretha Smith	5950 Del Lago Cir #207	☐ Add
		Suwanee, FL	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 25, 2014



Signature of a member or authorized representative of a member

ANWAR McElhoney

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
JUN 25 2014
CLERK OF COURT
JULIA A. BROWN