

**L97000000360**

Requestor's Name  
11065 NW 29th Street  
Address  
Coral Springs, FL 33065  
City/State/Zip Phone #

200002388612--8  
-01/02/98--01080--022  
\*\*\*\*113.75 \*\*\*\*113.75

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

FILED  
98 JAN -2 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**L97-360**

Name	<u>02-1-12</u>
Availability	
Document	
Examiner	
Updater	
Updater	
Verifier	
Acknowledgment	
W. P. Verifier	

Examiner's Initials

**CERTIFICATE OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Corey Alexander & Company L.C.  
(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The date of filing of the articles of organization was

3.26.97

**SECOND:** The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

change of name to

Rhonda Kline L.C.

FILED  
98 JAN -2 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated

12.30

, 19

97

Rhonda Kline

Signature of a member or authorized representative of a member

Rhonda Kline

Typed or printed name of signee

Filing Fee: \$52.50