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MAR 23 2009

EXAMINER



200146405262

03/20/09--01025--016 **30.00

COVER LETTER

TO: Registration Set Division of Corp		,	
SUBJECT: Foster	-Mathews, L.L.C.		
	(Name of Lim	ited Liability Company)	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	William Scott Fo	oster	
	•	(Name of Person)	
Foster-Mathews, L.L.C.			
		(Firm/Company)	
	909 Mar Walt Dri	lve, Suite 1014	
		(Address)	
Fort Walton Beach, FL 32547			
		(City/State and Zip Code)	
For further information con	ncerning this matter, please ca	all:	
William Scott Foster at (850) 863-4064		at (850) 863-4064 (Area Code & Daytime T	
(Name of	Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	e 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



Foster-Mathews, L.L.C.	
(<u>Name of the Limited Liab</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liabili	ty Company were filed on December 22, 1998 and assigned
Florida document number <u>L98000003337</u>	
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited 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 AL	ODRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	2
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	(Enter Florida street address)
	, Florida
	(City) (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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	William S. Foster	909 Mar Walt Drive, Suite 1014 Fort Walton Beach, FL 32547	Add Remove
_MGRM	Lynne F. Mathews	909 Mar Walt Drive, Suite 1014 Fort Walton Beach, FL 32547	Add Remove
MGR	William Scott Foster	909 Mar Walt Drive, Suite 1014 Fort Walton Beach, FL 32547	Add Remove
MGR	Lynne Foster Mathews	909 Mar Walt Drive, Suite 1014 Fort Walton Beach, FL 32547	X Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
	rch 17, 2009		
Dated Re	VLynn	r or authorized representative of a member	
	LYNNE FO. Typed	5 TER MATHEWS	

Page 2 of 2

Filing Fee: \$25.00