

L10000054113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

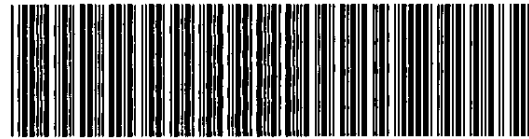
(Business Entity Name)

(Document Number)

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10 MAY 28 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
JUN 01 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sarah S. Hussein & Associates, 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:

Sarah S. Hussein
Name of Person
Sarah S. Hussein & Associates, P.L.
Firm/Company
5482 Fort Caroline Road
Address
Jacksonville, FL 32277
City/State and Zip Code
sarahsh20@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah S. Hussein at (**904**) **476-8574**
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**

Sarah S. Hussein & Associates, P.L.

(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 5/19/2010 and assigned
Florida document number L10000054113.

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

This amendment is submitted to amend the following:

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

Hussein & Webber, P.L.

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:

1100 Talleyrand Road

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32206

US

Enter new mailing address, if applicable:

5482 Fort Caroline Road

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, FL 32277

US

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

_____, **Florida**

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

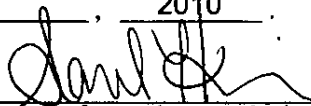
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sarah S. Hussein	5482 Fort Caroline Road Jacksonville, FL 32277	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Troy J. Webber	5482 Fort Caroline Road Jacksonville, FL 32277	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Sarah S. Hussein	5482 Fort Caroline Road Jacksonville, FL 32277	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 STATE OF FLORIDA
 MAILING SERVICE, FILED

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

Dated May 25, 2010



 Signature of a member or authorized representative of a member

Sarah S. Hussein

 Typed or printed name of signee