L10000070166

ů:;

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10 JUL 23 PM 12: 33

SECRETARY OF STATE ALLAHASSEE, FLORID

J. BRYAN

JUL 25 2010

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:		ting Associates, LLC ited Liability Company			
	of Amendment and fee(s) are sulpondence concerning this matter	bmitted for filing.	manage's name	· 	
		Patrick H. Willis		/	
		Name of Person			
		Patrick H. Willis, PL			
		Firm/Company			
4700 Millenia Blvd., Suit			O JU	1	
		Address	HASSETA.	7	
	Address Orlando, FL 32839 City/State and Zip Code pwillis@pwillislaw.com E-mail address: (to be used for future annual report notification)				
		City/State and Zip Code	FRIE	1	
	E-mail address: (willis@pwillislaw.com to be used for future annual report n	otification) REGIONAL		
For further information	concerning this matter, please of	call:	u america. Properties		
Pi	atrick H. Willis	at (407)	760-9814		
Name	of Person		time Telephone Number		
Enclosed is a check for	the fallowing amounts				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Sed) Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COU Registration Sc Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Allied Mar	rketing Associates, L	.LC		
(<u>Name of the Limited Liabi</u> (A Florid	ity Company as it now appea a Limited Liability Company)	<u>rs on our records.</u>)		
The Articles of Organization for this Limited Liability	Company were filed on	7/1/10	and assigned	
Florida document number L10000070166	·			
This amendment is submitted to amend the following.	:			
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :		
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Comp	any," the designation '	'LLC" or the abbreviation	
Enter new principal offices address, if applicable:			SEC T	
(Principal office address MUST BE A STREET AD	DRESS)		ARE P	
			B PAN	
Enter new mailing address, if applicable:		<u>-</u>	FS RS O	
(Mailing address MAY BE A POST OFFICE BOX)			TE CO	
B. If amending the registered agent and/or reg	ristered office address on	our records, enter	the name of the nev	
registered agent and/or the new registered office a		<u></u>		
Name of New Registered Agent:				
New Registered Office Address:				
	Er	Enter Florida street address		
	City	, Florida _	Zip Code	
	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>	Name	Address	Type of Action
MGR	Randall G. Turner	4380 St. Johns Pkwy., Suite 120 Sanford, FL 32771 US	Add Remove
MGR_	George Randal Turner	4380 St. Johns Pkwy., Suite 120 Sanford, FL 32771 US	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
			FIL 10 JUL 23 SECRETARY FALLIAHAISSE
Dated	July 20 , 281		PH IZ: 33
_	Signature of a member o	r authorized representative of a member ck H. Willis, Esq.	

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Filing Fee: \$25.00