

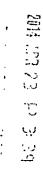
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B. BOSTICK
APR 28 2014
EXAMINER



| •   | COVER DETTER   |        |                        |
|---|--|--------|------------------------|
| TO: Registration Section Division of Corpor |  |        |                        |
| <sub>suвјест:</sub> Ligmar                  | a & Associates, LLC  |        |                        |
| SUBJECT:                                    | Name of Limited Liability Company                                  |        |                        |
| The enclosed Articles of Am                 | endment and fee(s) are submitted for filing.                       |        |                        |
| Please return all corresponde               | nce concerning this matter to the following:                       |        |                        |
|   | Claude R. Moulton  |        |                        |
| •   | Name of Person   |        |                        |
|   | Moulton Bosshardt, LLC   |        |                        |
|   | Firm/Company   |        |                        |
|   | 1354 N. Laura Street   |        |                        |
|   | Address  |        |                        |
|   | Jacksonville, FL 32206   |        |                        |
| •   | City/State and Zip Code  |        |                        |
| <u>(</u>                                    | claude@mblawoffices.com  | ~,     |                        |
| For first or information con-               | E-mail address: (to be used for future annual report notification) |        | 2                      |
|   | erning this matter, please call:                                   | ••••   | ٠                      |
| Claude R. Mo                                | oulton <sub>at</sub> 904, 632-0120                                 | , 7, 3 | 2                      |
| Name of Per                                 | son Area Code Daytime Telephone Number                             | * T =  | 70 11                  |
| Enclosed is a check for the fo              | ollowing amount:   | :32:   | ىب <sup>ئى</sup><br>ئى |

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

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Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Ligman & Associates, LLC  |   |                      |   |
|---|---|----------------------|---|
| ( <u>Name of the Limited Liability (</u><br>(A Florida Li   | Company as it now appears on ou<br>mited Liability Company) | ir records.          |   |
| The Articles of Organization for this Limited Liability Com Florida document number <u>L14000029493</u>       | npany were filed on Februa                                  | ary 20, 2014         | and assigned                            |
| This amendment is submitted to amend the following:   |   |                      |   |
| A. If amending name, enter the new name of the limited  | d liability company here:                                   |                      | ·                                       |
| Eric Ligman, LLC  |   |                      |   |
| The new name must be distinguishable and end with the words "Limite   | ed Liability Company," the designa                          | ation "LLC" or the a | bbreviation "L.L.C."                    |
| Enter new principal offices address, if applicable:   |   |                      |   |
| (Principal office address MUST BE A STREET ADDRES   | <u></u>   |                      |   |
|   |   |                      |   |
|   |   |                      |   |
| Enter new mailing address, if applicable:   |   |                      | . u                                     |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |                      | 1                                       |
| maning duaress MAT BEAT OST OFFICE BOX  | <del></del>   |                      | also i                                  |
|   |   |                      | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| B. If amending the registered agent and/or register registered agent and/or the new registered office address |   | records, enter       | the name of the new                     |
| Name of New Registered Agent:   |   |                      |   |
| New Registered Office Address:  |   |                      |   |
| -   | Enter Florida stre  | eet address          |   |
|   |   | , Florida            |   |
|   | City  | <del></del> .        | 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

| MGR = M<br>MBR = A | lanager<br>Authorized Member |             |       |                  |
|--------------------|------------------------------|-------------|-------|------------------|
| <u>itle</u>        | <u>Name</u>                  | Address     |       | Type of Action   |
|                    |                              |             |       | Add              |
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| ). If amending any other information, enter o           | change(s) here: (Attach additional sheets, if necessary.)           |
|---|---|
| •   |   |
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|   |   |
| <del></del>   |   |
| the date this document is filed by the Florida Departme | late of receipt or filed date and cannot be more than 90 days after |
| Dated April 18  | 2014  |
| / Mal M   |   |
|   | member or authorized representative of a member                     |
| Claude R. Moulton                                       |   |
|   | Typed or printed name of signee                                     |

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Filing Fee: \$25.00