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K.SALY EXAMINER JUL 9 - 2012

COVER LETTER

TO: Régistration Section Division of Corporations
SUBJECT: BALL & ASSOCIATES, LLC 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:
PRADLEY ALLEN PALL Name of Person
BAU & KSSOCIPTES, UC Firm/Company
2845 HANLOCK CREEK ROAD
City/State and Zip Code BRALL O THE BOLL & COLUMN COM
BBAU & THEBAUGROUPING UM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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 Certified Copy (additional copy is enclosed) \$25.00 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

FILED'

12 JUL -5 PM 2: 43

TALLAHASSEE, BLORIDA

(Name of the Limited Liability Company as it now appears on our records.

(A Flor	rida Limited Liability Company		
The Articles of Organization for this Limited Liability Florida document number	ity Company were filed on _ 	7/23 / 2003 and assigned	
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company h	ere:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Com	pany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or r registered agent and/or the new registered office		our records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:		E.A. Flacila dura II	
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = M	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
ngrm	SHANNON B. BALL	WEST PAUM BEACH, FL.	Add Remove
			Add Remove
	·		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change((s) here: (Attach additional sheets, if necessary.)	_
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Dated	6/10 201 Muden	Alca authorized representative of a member	
	Blungy 1	Frinted name of signee	

Page 2 of 2

Filing Fee: \$25.00