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T. HAMPTON

DEC 2 8 2009

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

mart ...

SUBJECT:	ABELES & ASSOCIATES, LLC Name of Limited Liability Company							
	rumo or zim	nea Blaciney Company						
The enclosed Art	icles of Amendment and fee(s) are su	bmitted for filing.						
Please return all o	correspondence concerning this matter	r to the following:						
	.	Robert M. Baldwin						
	Name of Person							
ABELES, BALDWIN & ASSOCIATES, LLC								
	Firm/Company							
	5 West Highbanks Road							
	Address							
	DeBary, FL 32713							
	City/State and Zip Code							
	rob@	CentralFloridaLegal.com						
	E-mail address: (to be used for future annual report noti-	tication)					
For further inform	nation concerning this matter, please of	call:						
	Robert M. Baldwin	at (386)	668-8511					
Name of Person		Area Code & Daytime Telephone Number						
Enclosed is a che	ck 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/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ABEL	ES & ASSO	CIATES, LL	On our records	
(Name of the Limited I (A)	Florida Limited Liab	oility Company)	on our records.)	
The Articles of Organization for this Limited Lia	bility Company we	ere filed on	12/28/2004	and assigned
Florida document number L040000938	310			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabilit	ty company here	;	
	BALDWIN & AS	•		Date: 1/01/201
The new name must be distinguishable and end with "L.L.C."	the words "Limited	l Liability Compan	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applica	ble:	same		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)				9 8
	-	 		
				2
Enter new mailing address, if applicable:	<u> </u>	same		
(Mailing address MAY BE A POST OFFICE BOX)				
	-		······································	
B. If amending the registered agent and/or registered agent and/or the new registered offi		e address on ou	ır records, <u>enter t</u>	se name of the new
Name of New Registered Agent:	Robert M. Baldwin			
New Registered Office Address:	same			
	Enter Florida street address			
		, Florida		
	•	City		Zip Code
New Registered Agent's Signature, if changing Re	egistered 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 Chapeing 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 **Type of Action** <u>Title</u> <u>Name</u> **Address** same same same Remove ☐ Add Remove ☐ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Registered Agent Change effective Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00