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D. BRUCE

DEC 21 2010

EXAMINER

COVER LETTER

	sion of Corporations	
SUBJECT:	Abeles, Baldwin & Associates, LLC	
SUBJECT: _	Name of Limited Liability Company	-
The enclosed	Articles of Amendment and fee(s) are submitted for filing.	
Please return a	all correspondence concerning this matter to the following:	
	David E. Abeles	
	Name of Person	_
	Law Office of David E. Abeles, LLC	
	Firm/Company	- 76.00 - 76.0
	5 West Highbanks Road	FIL 10 DEC 20 LLAHASSI
	Address	DARY ASSE
	DeBary, FL 32713	
	City/State and Zip Code	_ 55 % C
	david@centralfloridalegal.com	26 RID
	E-mail address: (to be used for future annual report notification)	حر –
For further info	ormation concerning this matter, please call:	
Da	avid E. Abeles at (386) 668-8511	
· · · · · · · · · · · · · · · · · · ·	Name of Person Area Code & Daytime Telephone Num	ber
Enclosed is a c	check for the following amount:	·
\$25.00 Fili	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, icate of Status & ied Copy ional 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	;

Design States of Contract Cont

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	12/28/2004	_ and assigned
Florida document number <u>L04000093810</u>			
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	sility company ha	ro·	
Law Office of David E. Abeles, LLC (Ef			
The new name must be distinguishable and end with the words "Limi"L.L.C."			or the abbreviation
Enter new principal offices address, if applicable:	Same	3-	
(Principal office address MUST BE A STREET ADDRESS)	 	<u> </u>	
Enter new mailing address, if applicable:	Same	ASSEE, F	C 20 PH
(Mailing address MAY BE A POST OFFICE BOX)		000	₩ (
		IDA	<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter the</u>	name of the new
Name of New Registered Agent: David E.	Abeles		
New Registered Office Address: Same	En	nter Florida street addres	s
	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	lete performance provided for in C addressy/hereby	of my duties, and I am hapter 608, F.S. Or, if t	familiar with and his document is ed liability

Page 1 of 2

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 = Ma MGRM = I	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	<u> </u>		Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
	,		Add Remove
			Add Remove
D. If amen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
	Name Change & Regis	tered Agent Change Effective Januar	· .
Dated	December 16 , 2010	·	NE NE
		or authorized representative of a member	
	David E. Abeles, MG	RM or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00