Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 : (800)906-9220

Fax Number : (800)906-9880

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY OF STAJE
TALLAHASSEE, FLORIDA

Binder & Binder - The National Social Security Disability Advocates (FL), LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Cor	npany were filed onDe	ecember 23, 2005 and assigned
Florida document numberL05000122247		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	L05000122247 It to amend the following: r the new name of the limited liability company here: sishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation address, if applicable: WIST BE A STREET ADDRESS) if applicable: POST OFFICE BOX	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>	<u> </u>
(Principal office address MUST BE A STREET ADDRE	SS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
· -		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		or records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Ente	er 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 Changing Registered Agent, Signature of New Registered Agent

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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:

•	Name	Address	Type of Actio
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_	August 1 , 2	2010	SSE I
	August 1 2	2010 Amelionized representative of a member	ARY OF STA

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