

**L0600001 9956**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

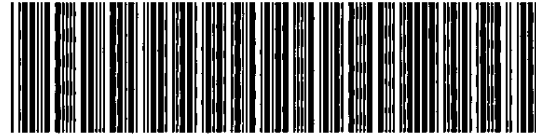
(Document Number)

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2008 JUN 13 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

JUN 16 2008

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ANSWERPRO, LLC (Document # L06000019956)

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark J. Bryn

(Name of Person)

Bryn & Associates, P.A.

(Firm/Company)

2 South Biscayne Blvd., Suite 2680

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Janet Reed

(Name of Person)

at ( 305 )

374-0501

(Area Code & Daytime Telephone Number)

### STREET/COURIER ADDRESS:

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

### MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

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TALLAHASSEE, FLORIDA

2008 JUN 13 AM 11:00

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 2, 2008

MARK J. BRYN  
BRYN & ASSOCIATES, P.A.  
2 SOUTH BISCAYNE BLVD., SUITE 2680  
MIAMI, FL 33131

SUBJECT: ANSWERPRO, LLC  
Ref. Number: L06000019956

We have received your document for ANSWERPRO, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 508A00027880

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 JUN 13 AM 11:00

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LAW OFFICES OF  
**BRYN & ASSOCIATES**  
ATTORNEYS AND COUNSELORS AT LAW  
ONE BISCAYNE TOWER, SUITE 2680  
TWO SOUTH BISCAYNE BOULEVARD  
MIAMI, FLORIDA 33131

MARK J. BRYN  
mark@markbryn.com  
CANDICE B. GIDNEY\*  
candice@markbryn.com  
JESSICA L. KONE  
jessica@markbryn.com

TELEPHONE (305) 374-0501  
FACSIMILE (305) 372-8068

\*ALSO ADMITTED TO NY BAR

June 6, 2008

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

**Re: Answerpro, LLC [FD# L06000019956]  
Articles of Amendment.**

To Whom It May Concern:

Enclosed is a copy of your correspondence together with the Articles of Amendment to Articles of Organization of Answerpro, LLC; additionally payment of the fee, in the amount of \$35.00, is also enclosed.

Please note that the only change addressed in the Articles of Amendment is the Registered Agent's office address which corrects a typo made in the on-line Annual Report filed on April, 21, 2008.

Should you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,

Mayra I. Diaz  
Legal Assistant

2008 JUN 13 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Answerpro, 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:

Mark J. Bryn  
(Name of Person)

Bryn & Associates, P.A.  
(Firm/Company)

2 South Biscayne Boulevard, Suite 2680  
(Address)

Miami, FL 33131  
(City/State and Zip Code)

For further information concerning this matter, please call:

Janet Reed at ( 305 ) 374-0501  
(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      ☐ \$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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
2009 JUN 13 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Answerpro, 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 Company were filed on February 23, 2006 and assigned  
Florida document number L06000019956.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

10840 SW 113 Place

(Enter Florida street address)

Miami

(City)

Florida 33176

(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)

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

\_\_\_\_\_

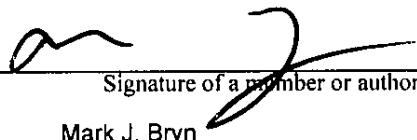
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated June 4, 2008



Signature of a member or authorized representative of a member

Mark J. Bryn

Typed or printed name of signee

FILED  
2008 JUN 13 AM 11:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE