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EXAMINER



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COVER LETTER

	ration Section n of Corporations
SUBJECT:	The Advocates, P.L.
	Name of Limited Liability Company
The enclosed A	ticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Michelle S. Rosamond
	Name of Person
	The Advocates, P.L.
	Firm/Company
	8710 W. Hillsborough Ave., # 313
	Address
	Tampa, FL 33615
	City/State and Zip Code
	mrosamond@theadvocateslegal.com E-mail address: (to be used for future annual report notification)
For further infor	mation concerning this matter, please call:
	Michelle S. Rosamond at (813) 885-1200 (x 101)
	Name of Person Area Code & Daytime Telephone Number
Enclosed is a ch	eck for the following amount:
\$25.00 Filin	See \$\int_{\\$30.00\}\$ Filing Fee & \$\int_{\\$55.00\}\$ Filing Fee & \$\int_{\\$60.00\}\$ Filing Fee, \$\int_{\\$60.00\}\$ Filing Fee, \$\int_{\\$60.00\}\$ Certificate of Status & \$\int_{\\$60.00\}\$ Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: STREET/COURIER ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited L</u> (A F	The Advocate	ates, P.L. ny as it now appears of iability Company)	on our records.)		
The Articles of Organization for this Limited Liab Florida document number		were filed on	09/14/2006	_ and assign	ied
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liab	ility company here:			
		Stassi Rosamon			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company	," the designation "LLC	C" or the abb	reviation
Enter new principal offices address, if applicat	8710 W. Hillsborough Ave., # 313			ZS	
(Principal office address MUST BE A STREET	Tampa, FL 33615			22	
Enter new mailing address, if applicable:		8710 W. Hillsbo	prough Ave., # 313	3	TARY CF
(Mailing address MAY BE A POST OFFICE B)	Tampa, FL 33615		. 8: 0		
				5	
B. If amending the registered agent and/or registered agent and/or the new registered offi		<u>e</u> :	r records, enter the	name of t	the new
New Registered Office Address:	8710 W. Hillsborough Ave., # 313				
Enter Florida street address					
		Tampa	, Florida	33615	
	City		Zip Code		
New Pagistared Agent's Signature if changing Re	gistered Agent	ı			

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

<u>'itle</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
	nding any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	
-			- -
- - Dated <u>(</u>	July 13 , :	2009	-
	Smill &	ber or authorized representative of a member	
		ichelle S. Rosamond	

Page 2 of 2

Filing Fee: \$25.00