L07000030442

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EXAMINER

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section

Division of Co	rporations				
SUBJECT:		ND ASSOCIATES, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
	F	ROBERT N. DECKER			
		Name of Person			
	BOB DEC	KER AND ASSOCIATES, LL	-C		
		Firm/Company	•	7A 5	
	3663 CENTRAL AVENUE			2010 FEB SECRETA TALLAHA	
		Address		B 26	
	ST. F	PETERSBURG, FL 33713		10 년 19 - 9	רונט
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	PM 3: 45 OF STATE EF. FLORIO	
	bdecke	r@bdeckerassociates.com		3: 45 STATE LORIDA	
	•	to be used for future annual report notifica	ation)	> 91	
For further information	concerning this matter, please of	call:			
Robert	or Cheryl Decker	at (727) 3	22-6400		
Name of Person		Area Code & Daytime	Telephone Number	•	
Enclosed is a check for	the following amount:				
√ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	sed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions ter Circle		
	•	and the state of t	*		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOB DECKER AND ASSOCIATES, LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now app Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL0700030442	were filed on _	MARCH 20, 20	007 <u>a</u> r	nd assign	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company l	iere:			
BOB DECKER & AS	SSOCIATES,	LLC			
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Con	npany," the designation	on "LLC" o. ≦ें⊲		reviation
Enter new principal offices address, if applicable:			LA	2010 FE	
(Principal office address MUST BE A STREET ADDRESS)			HASSEE.	EB 26 PM	
Enter new mailing address, if applicable:	**************************************		STA	ယ္က	Ö
(Mailing address MAY BE A POST OFFICE BOX)		•	Dm 4	£5	<u>. </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u>.</u>	n our records, <u>ent</u> Enter Florida street	address	me of	the new
	City	, Fiorius		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, Thereby confirm that the limited liability company has been notified in writing of this change.

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 Title Name Address Type of Action ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **FEBRUARY 23** 2010 Dated_ Signature of a member or authorized representative of a member ROBERT N. DECKER Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00