

Office Use Only

G. MCLEOD

OCT 27 2009

**EXAMINER** 



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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration S Division of Co						
SUBJECT:	Loca	I Search LLC				
		ited Liability Company	<del></del>			
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.				
Please return all correspondent	ondence concerning this matte	r to the following:				
		Robert V Attard				
		Name of Person				
	Local Search LLC					
	***	Firm/Company				
		8129 B Severn Drive				
		Address	<del></del>			
	É	Boca Raton, FL 33433				
	City/State and Zip Code					
	robert@localsearchmagic.com  E-mail address: (to be used for future annual report notification)					
For first or information		·	nion)			
For further information of	concerning this matter, please of	can:				
	bert V Attard	#! \	84-2766			
Name o	of Person	Area Code & Daytime T	elephone Number			
Enclosed is a check for the	he 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Local Se	earch LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appead Liability Company)	rs on our records.)	
(ATTOMA Elillio	a Ziaoiniy Company)		
The Articles of Organization for this Limited Liability Compa	ny were filed on	07-09-2007	and assigned
Florida document numberL0700070685			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Comp	any," the designation "I	LLC" or the abbreviatio
Enter new principal offices address, if applicable:			_ D
• • •			<del></del>
<u>(Principal office address MUST BE A STREET ADDRESS)</u>			<del>- 8 <u>\$</u></del>
			<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
			<b>a</b> 225
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			?
-			76 Tio
			-1.
B. If amending the registered agent and/or registered		our records, <u>enter 1</u>	the name of the nev
<u>registered agent and/or the new registered office address h</u>	<u>ere</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	E <sub>t</sub>	iter Florida street ada	lress
		, 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

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>	Name	Address	Type of Action
MGRM	Steven C Ravit	1919 Mears Pkwy Margate FL 33063	Add  Remove
			Add ☐ Remove
			Add Remove
			Add Remove
			□Add □Remove
			Add Remove
D. If amend	ing any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	
	19-110		<del></del> 
			_ _
Dated	October 22	2009 .	
	Signature of a mem	ber or authorized representative of a member	
	Tvi	Robert V. Attard	

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Filing Fee: \$25.00