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LO7000096885

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC 13 AM 9:49

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pre-Paid Legal Associates, 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:

Melanie Guthrie, CPA

(Name of Person)

Pre-Paid Legal Associates, LLC

(Firm/Company)

4799 Live Oak Church Rd

(Address)

Crestview, FL 32539

(City/State and Zip Code)

For further information concerning this matter, please call:

Melanie Guthrie, CPA

(Name of Person)

at (**850**) **682-0798 x1**

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

07 DEC 24 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 14, 2007

MELANIE GUTHRIE, CPA
PRE-PAID LEGAL ASSOCIATES, LLC
4799 LIVE OAK CHURCH RD
CRESTVIEW, FL 32539

SUBJECT: PRE-PAID LEGAL ASSOCIATES, LLC
Ref. Number: L07000096885

We have received your document for PRE-PAID LEGAL ASSOCIATES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on December 13, 2007. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 907A00070111

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC 13 AM 9:49

Pre-Paid Legal Associates, 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 Sept. 24, 2007 and assigned
Florida document number L07000096885.

This amendment is submitted to amend the following:

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

The Associate Builder, LLC

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

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: _____

(Enter 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)

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

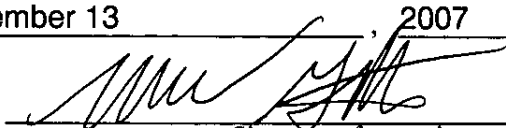
MGRM = Managing Member

<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
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	

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

This amendment to be effective December 13, 2007 as originally filed.

Dated December 13, 2007



Signature of a member or authorized representative of a member

Melanie Guthrie

Typed or printed name of signee

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