18000027169

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
WID DO0 44946		

Office Use Only



09/24/10--01041--001 **52.50

10 OCT 22 AM 展: @1 FILED

D. BRUCE OCT 25 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 27, 2010

STEVEN E. EISENBERG 2 SOUTH BISCAYNE BLVD. #3800 MIAMI, FL 33131

SUBJECT: LIPSCOMB, BRADY & EISENBERG, P.L. Ref. Number: L08000027169

We have received your document for LIPSCOMB, BRADY & EISENBERG, P.L. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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: 010A00022869

22 AM 14:1 0

www.sunbiz.org Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

TO: Registration Section Division of Corporations

P.C. pscomb SUBJECT

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

Please return all correspondence concerning this matter to the following:



4

The second state of the se	
ARTICLES	S OF AMENDMENT
	· · · · TO
ARTICLES	OF ORGANIZATION
	OF
Lipscond Brad (Name of the Limited Liability (A Florida L	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>60800002716</u>	Company were filed on <u>MArch 14</u> , 2008 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limi</u> Lips comb Eiser	
The new name must be distinguishable and end with the word "L.L.C."	rds "Limited Liability Company," the designation "LLC" or the abbreviati
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDR	(ESS)
	A
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office addr	tered office address on our records, <u>entersthe name of the ne</u>
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	d 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

Page 1 of 2

tere i a

4

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our secords:

.

MGR = Manager MGRM = Managing Member

.

.

<u>Title</u>	Name	Address	Type of Action
MGR	Will: Am T. Brady	2 S. Biscarre Bluch #380 Wigmi, FC 33131	Add Remove
			Add Remove
			Add Remove
			_ Add. _ Remove
			Add Remove
			Add Remove

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

Dated	Oct. 1 2010	10 OCT 22 AN BO OI	
	Signalute of a member of a uthorized representative of a member Steven Eisenber Typed or printed name of signed Page 2 of 2		

Filing Fee: \$25.00