08000045411

| (Req | uestor's Name) | |
|---------------------------|------------------|-----------|
| (Add | ress) | |
| (Add | ress) ´ | |
| (City) | /State/Zip/Phone | · #) |
| PICK-UP | WAIT | MAIL |
| (Bus | iness Entity Nam | ne) |
| · (Doc | ument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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08/28/08--01007--025 **25.00

J. BRYAN
SEP 1 9 2008
EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: FRIED + BASCO, LLC (Name of Limited Liability Company) |
| (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: |
| STEVEN FRIED (Name of Person) |
| (Name of Person) |
| STEVEN M. FRIED PA. (Firm/Company) |
| 2925 W. CYPRESS CREEKED #200 8 STORES |
| FORT LANDER DAG F2 37309 (City/State and Zip Code) For further information concerning this matter, please call: |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| STOVEN FRIED at GTY, 868-8893 (Name of Person) (Area Code & Daytime Telephone Number) |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

August 29, 2008

STEVEN FRIED STEVEN M. FRIED, P.A. 2925 W. CYPRESS CREEK RD #200 FORT LAUDERDALE, FL 33309

SUBJECT: FRIED, FRIED & BASSO, LLC

Ref. Number: L08000045411

We have received your document for FRIED, FRIED & BASSO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is #H68446, FRIED AND FRIED, P.A..

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) 245-6043.

Joey Bryan Regulatory Specialist II OBSEP 18 PM 1: 12

Letter Number: 508A00048075

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | OF | | | 19 25 T | |
|--|-----------------|-----------------------------|---------------------------------------|--------------|--|
| The Articles of Organization for this Limited Liab Florida document number 680000 45 | ility Company v | | | and assigned | |
| This amendment is submitted to amend the follow | | | | | |
| This amonament is submitted to tailed the forew | ing. | | | | |
| A. If amending name, enter the new name of the limited liability company here: | | | | | |
| THE FRIEN | 1 Aw) 6 | 0007 1L | <u> </u> | | |
| THE FRIED The new name must be distinguishable and end with a "L.L.C." | | | | | |
| Enter new principal offices address, if applicab | le: | 2925 W. LY | PRESS | CREEK ROAD | |
| Enter new principal offices address, if applicable (Principal office address MUST BE A STREET) | ADDRESS) | SUITE 200 | | | |
| Frincipal office dadress MOST BE A STREET | ADDICESSI | | ×4-1- | E. 27709 | |
| | | FT. LAJUST | <u> </u> | , PC 33309 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | | | · · · · · · · · · · · · · · · · · · · | | |
| 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: | 2925 W. CY | PRESS CROEKIRD. (Enter Flor | da street ad | dress) | |
| | FORT LAU | DOLDIALE | Florida | 33309 | |
| | | O OLD'ALE (City) | , Fibriua | (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.

At 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 **Address** Type of Action Title **Name** 4491 SOUTH STATE RO 7 LLOYD BASSO MERM ☐ 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.) Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

STEVEN FRID

Filing Fee: \$25.00