1900002450

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MAY 2 & 2009

EXAMINER



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05/22/09--01017--014 **25.00

09 MAY 22 PH 2: 08

COVER LETTER

TO: Registration Solivision of Co						
SUBJECT:						
		visory Group LLC ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
Address						
	Chiange II 60642					
Chicago, IL 60643 City/State and Zip Code						
4	gh	ering@heringlaw.com	n en			
	E-mail address: (to be used for future annual report not	ification)			
For further information	concerning this matter, please of	call:				
GI	enn Z Hering	at (312)	698-8786			
	of Person		me Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAII	JING ADDRESS:	STREET/COU	RIER ADDRESS:			
Registration Section		Registration Section				
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building				
. Tallah	assee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301			

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

Paladin Ad	visory Group LL	_C			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appe lited Liability Company	ears on our records.)			
The Articles of Organization for this Limited Liability Com	and assigned				
Florida document numberL0900002450					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	l liability company h	ere:			
	Associates LLC	100			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Com	pany," the designation "LLo	C" or the a	bbreviation	
Enter new principal offices address, if applicable:				38 <u>710</u>	
(Principal office address MUST BE A STREET ADDRES	<u> </u>			<u> </u>	
					
			-0	935	
Enter new mailing address, if applicable:			P H 2:		
(Mailing address MAY BE A POST OFFICE BOX)				200 in	
			<u> </u>	<u> </u>	
B. If amending the registered agent and/or registere registered agent and/or the new registered office addres		our records, <u>enter the</u>	name o	f the new	
Name of New Registered Agent:					
New Registered Office Address:					
	i	Enter Florida street address			
		, Florida			
	City		Zip Code	?	
New Registered Agent's Signature, if changing Registered A	vgent:				

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 **Type of Action Address** <u>Title</u> <u>Name</u> Remove Remove ☐ Add Remove ☐ Add Remove ∏Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 4 2009 Dated ____ Signature of a member or authorized representative of a member

Glenn Z Hering, Authorized Representative of Sole Member
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00