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EXAMINER

SECRETARY OF STATE OF STATE OF CORPORATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS)	
515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173	
FILING COVER SHEET ACCT. #FCA-14	OS OF CANAL COMPANY
CONTACT: ASHLEY SMITH	A STORE
DATE: <u>12-02-2009</u>	•
REF. #: 000631.115564	
CORP. NAME: &BAINBRIDGE & SEACORD; LLC	
() ARTICLES OF INCORPORATION (XX) ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION
() ANNUAL REPORT () TRADEMARK/SERVICE MARK	() FICTITIOUS NAME
() FOREIGN QUALIFICATION () LIMITED PARTNERSHIP	() LIMITED LIABILITY
() REINSTATEMENT () MERGER	() WITHDRAWAL
() CERTIFICATE OF CANCELLATION	
() OTHER:	
STATE FEES PREPAID WITH CHECK#_ 532780	FOR \$ 55.00
AUTHORIZATION FOR ACCOUNT IF TO BE DEBITE	
AUTHORIZATION FOR ACCOUNT IF TO BE DEBITE	zD.
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Examiner's Initials	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BAINBRIDGE & SEACORD, LLC (Name of the Limited Liability Company as it now appears on our records.)
(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 February 12, 2009 and assigned Florida document number L09000014415
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
BAINBRIDGE & KNIGHT, LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviatio "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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)

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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

Florida

(Zip Code)

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:

	= Manager 1 = Managing Memi	er		
<u>Title</u>	Name	Add	ress	Type of Action
···	·····			Add Remove
,	· 	***************************************		Add Remove
				AddRemove
				Add Remove
***				Add Remove
				Add Remove
D. If ar	nending any other i	formation, enter change(s) here	: (Attach additional sheets, if necessary.)	_
Dated	December 2			
		Melin 2	O vices	
		Signature of a member of author Melvin L. Ortner	Authorized Representa	
	 	Typed or printed	name of signee	

Page 2 of 2

Filing Fee: \$25.00