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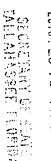
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EXAMINER

## **COVER LETTER**

TO:

**Registration Section** 

Division of C	Corporations		
SUBJECT:	Waldron and	Nevitt Associates LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	abmitted for filing.	
Please return all corres	spondence concerning this matte	er to the following:	
		Katherine Waldron	
		Name of Person	
	Wal	dron and Associates LLC	
		Firm/Company	
•		PO Box 3145	
		Address	500
	West	Palm Beach, Florida 33401	
	West	City/State and Zip Code	33 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
		egad@bellsouth.net	
	E-mail address:	(to be used for future annual report notification	
For further information	n concerning this matter, please	call:	2010 FEB TO PH IZ: 40 SECRETARY OF STATE ALLARASSEE, FLARIDA
Kath	leen J McPhillips	at ( 561 ) 835	-8778
Name	e of Person	Area Code & Daytime Tele	phone Number
Foologed is a check for	r the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee & [	
y just to I had give	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS: stration Section	STREET/COURIER A Registration Section	DDRESS:
Divis	sion of Corporations	Division of Corporations	3
	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Center C Tallahassee, FL 32301	Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Waldron and Nevitt Associates	S LLC	
(Name of	the Limited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this	Limited Liability Company were filed on	5/26/2009	and assigned
Florida document numberL	09000050610		
This amendment is submitted to ame	and the following:		
A. If amending name, enter the no	ew name of the limited liability company he	ere:	
	Waldron and Associates LLC		
The new name must be distinguishable "L.L.C."	and end with the words "Limited Liability Comp	pany," the designation "	
Enter new principal offices addres	s, if applicable:	i	2010 2010
(Principal office address MUST BE	A STREET ADDRESS)		
			0 1
Enter new mailing address, if appl	icable:		<u> </u>
(Malling address MAY BE A POST	OFFICE BOX)		<u> </u>
B. If amending the registered a	gent and/or registered office address on	our records, enter	the name of the new
registered agent and/or the new re		· · · · · · · · · · · · · · · · · · ·	
Name of New Registered A	gent:		
New Registered Office Add	fress:		
		nter Florida street add	lress
		, 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 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:

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MGR = Manager

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2/7/10	-			
2/7/10 		IV		
Signature of a member or authorized representative of a member	nend	ing any other information, enter c	nange(s) here: (Attach additional sheets, if neces	sary.)
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Signature of a member or authorized representative of a member				
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2/7/10  Signature of a member or authorized representative of a member				
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Filing Fee: \$25.00