

L09000058522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

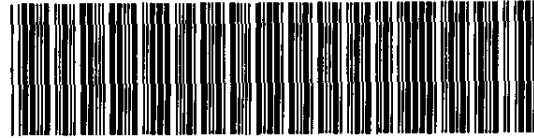
(Business Entity Name)

(Document Number)

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2012 JUN -1 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUN -4 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alliance Legal Support, LLC
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:

Sandy Chiszar

Name of Person

Firm/Company

1809 Cypress Trace Drive

Address

Safety Harbor, FL, 34695

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ralph Zuckerman

Name of Person

at (727)

639-5468

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

FILED
2012 JUN - 1 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Alliance Legal Support, LLC

(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 06/16/2009 and assigned
Florida document number L09000058522.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1809 Cypress Trace Drive

Safety Harbor, FL 34695

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 2452

Tarpon Springs, FL 34688

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:

Sandra Chiszar

New Registered Office Address:

1809 Cypress Trace Drive

Enter Florida street address

Safety Harbor

Florida

34695

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.

Sandra Chiszar
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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|--|--|
| MGRM | Sandra Chiszar | 3300 Masters Dr. Clearwater, FL 33761 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | Sandra Chiszar | PO Box 2452 Tarpon Springs, FL 34695 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

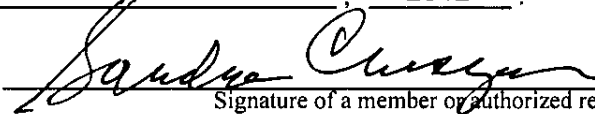
Correspondence:

Name - Ralph Zuckerman

Email - rz@avalonbuildingcorp.com

FILED
2012 JUN - 1 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated May 17, 2012

 SANDRA CHISZAR
Signature of a member or authorized representative of a member

Typed or printed name of signee