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S. HAWKES

JAN 5 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Legal Edge, 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:
Chikeera T. Harrell Name of Person
Legal Edge, LLC Firm/Company
2101 Vista Parkway Suite 4004
West Palm Beach, FL 33411 City/State and Zip Code/
Chikeena & legaledge lc.com E-mail address: (to be used for future innual report no lification)
For further information concerning this matter, please call:
hikeena Harrell 561,939-4929
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\figs\text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{Certificate of Status}\$\$ \text{\$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$ \text{\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Legal Edge,	LIC.	
(Name of the Limited Lin (A Flo	bility Company as it now appears on ourida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabil	ity Company were filed on 6	9 09 and assigned
This amendment is submitted to amend the following	ıg:	
A. If amending name, enter the new name of the	limited liability company here:	がも
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	*	70.
(Principal office address MUST BE A STREET A	DDRESS)	See See
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_		, 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 Changing Registered Agent, Signature of New Registered Agent

MGR = Man MGRM = M			
Title	<u>Name</u>	Address	Type of Action
<u>MGRM</u>	Elwanda T. Leona	rd 2101 Vista Parkway Ste. 4004 WPB, FL 33411	Add Remove
			Add Remove
	<u> </u>		Add
			Add Construction of the co
			Add Remove
			Add Remove
D. If amendi	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.))
Dated 12	2/29 .20	009.	_
(2	or authorized representative of a member	
	Chikeena I. H	or printed name of signee	

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:

Page 2 of 2

Filing Fee: \$25.00