

LA9000102009 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

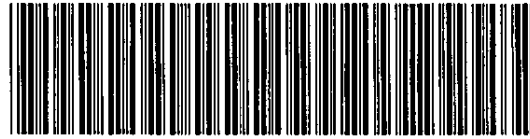
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 DEC -2 PM 4:39
FALL HASSEL (101014)

B. BOSTICK
DEC - 5 2013
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bell Edwards 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:

Donna Nanan
Name of Person
Florida Lawyers Associates LLC
Firm/Company
21001 Pines Blvd
Address
Pembroke Pines, FL 33029
City/State and Zip Code
floridaonlineattorney@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Nanan at **954 707-9306**
Name of Person 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

2013 DEC -2 PM 4:39
TALLAHASSEE COURIER

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BELL EDWARDS L.L.C.

(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 10/21/2009 and assigned Florida document number L09000102009.

This amendment is submitted to amend the following:

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

Florida Lawyers Associates LLC

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)

21001 Pines Blvd

Pembroke Pines, FL 33029

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 297553

Pembroke Pines, FL 33029

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:

21001 Pines Blvd

Enter Florida street address

Pembroke Pines

Florida 33029

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

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

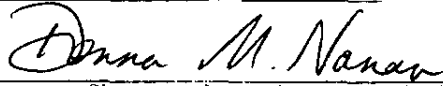
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Bell Edwards LLC is no longer doing business as Law Office of
Donna Nanan PL, Document ID G10000069431,
FEIN 61-1607689. Law Office of Donna Nanan PL
ceased operating as a business entity
on September 3, 2013

Dated November 27, 2013



Signature of a member or authorized representative of a member

Donna M. Nanan, MGRM

Typed or printed name of signee

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Filing Fee: \$25.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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