1257000110222

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MAY - 7 2010
EXAMINER



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SECRETARY OF STACE

COVER LETTER

Division of Co					
SUBJECT:	Ruff & A	Associates LLC			
	Name of Limi	ted Liability Company			
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	<u></u>	Andrea Ruff			
Ruff & Associates LLC Firm/Company PO Box 533304 Address Orlando, FI 32853 City/State and Zip Code					
	R	tuff & Associates LLC			
Firm/Company					
		Address			
		Orlando, FI 32853			
		City/State and Zip Code			
	an	dreaaruff@yahoo.com			
	E-mail address: (to be used for future annual report notific	ation)		
For further information	concerning this matter, please of	all:			
	Andrea Ruff	at (321)2	31- 8747		
Name	of Person	at (321) 2 Area Code & Daytime	Telephone Number		
Enclosed is a check for	the following amount:				
▼ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Associates LLC			
(<u>Name of the Limited Liability</u> (A Florida)	y Company as it now appear Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability C	Company were filed on	11/16/2009	and as	signed
Florida document numberL09000110222	<u>_</u> .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company her	<u>·e</u> :		
	Law Firm LLC			
The new name must be distinguishable and end with the wor'L.L.C."	rds "Limited Liability Compa	any," the designation "L	LC" or the	abbreviatio
Enter new principal offices address, if applicable:			2	<u></u>
(Principal office address MUST BE A STREET ADDI	RESS)		<u> </u>	SC
			- <	9 <u>71</u>
			6	275
Enter new mailing address, if applicable:			<u> </u>	24, 475 427
(Mailing address MAY BE A POST OFFICE BOX)				A M
			-	2100
				C30
B. If amending the registered agent and/or regist		our records, enter t	he name	of the nev
registered agent and/or the new registered office add	ress here:			
Name of New Registered Agent:				
New Registered Office Address:				
	En	ter Florida street add	ress	
		, Florida		
	City		Zip Cod	le

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:

<u>e</u>	<u>Name</u>	Address	Type of Actio
			Add Remove
			☐ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
f amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	_
_			- -
	April 20	2010	-
d	April 30	2010	

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Filing Fee: \$25.00