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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 3 2010

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BALLIRO SELTZER 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:

**DEBORAH THOMPSON**

Name of Person

**BALLIRO SELTZER LLC**

Firm/Company

**12 SE 7TH STREET, SUITE 603**

Address

**FORT LAUDERDALE, FL 33301**

City/State and Zip Code

**DEBBIE@BALLIROLAW.COM**

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

For further information concerning this matter, please call:

**DEBORAH THOMPSON**

Name of Person

at ( 239 )

**839-2548**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUN - 2 AM 11: 39

FILED

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

**BALLIRO SELTZER 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 NOVEMBER 19, 2010 and assigned Florida document number L0900011750.

This amendment is submitted to amend the following:

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

**BALLIRO LAW OFFICE 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)**

12 SE 7th STREET, SUITE 603

FORT LAUDERDALE, FL 33301

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

SEBASTIAN J. BALLIRO

New Registered Office Address:

12 SE 7th STREET, SUITE 603

*Enter Florida street address*

FORT LAUDERDALE

Florida

33301

*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.*

*Sebastian J. Balliro*  
**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

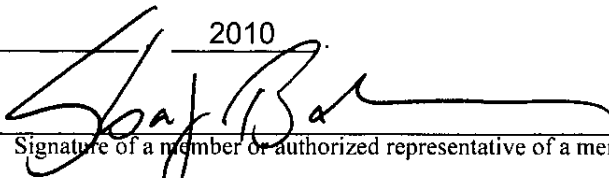
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DAVID S. SELTZER PA	1200 BRICKELL AVE., SUITE 1440 MIAMI, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	LAW OFFICES OF	12 SE 7th STREET, SUITE 603 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRG	SEBASTIAN J. BALLIRO	12 SE 7th STREET, SUITE 603 FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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.)*

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\_\_\_\_\_  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated JUNE 1 2010



Signature of a member or authorized representative of a member

SEBASTIAN J. BALLIRO

Typed or printed name of signee