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S. HAWKES

JAN 2 8 2010

EXAMINER

COVER LETTER

Division o	of Corporations			
SUBJECT:	Law Offices	of Andrew S. I	Maurodis, P.L.	•
	Name o	of Limited Liability Co	mpany	
Dear Sir or Madam	:			
The enclosed Artic	les of Correction and fee(s)	are submitted for filing		
Please return all co	rrespondence concerning thi	s matter to the following	g:	
	Andrew. S. Maurod	is	_	
· · · · · · · · · · · · · · · · · · ·	Name of Person		_	
Law Off	fices of Andrew S. Ma	urodis, P.L.	_	
	гип/сопрану			
710 E	East Hillsboro Bouleva	ard, #200	_	
	Addless			
	Deerfield Beach, FL 33 City/State and Zip Code	3441	_	
	City/State and Zip Code			
E-mail addres	brneese@bellsouth. ss: (to be used for future annu	net ual report notification)		
For further informa	ntion concerning this matter,	please call:		
Δn	ndrew Maurodis	at (954	480-4265	
	Varne of Person		de & Daytime Telephone Number	
STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, Florid	n ations nter Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a chec	k for the following amount	:		
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	
CR2E062 (08/05)				

ARTICLES OF CORRECTION FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST	<u>:</u> :	The name of the limited liab	ility compar Offices of A	ıy is: Andrew S. Maurod	is, P.L.S			
SECO		The articles of organization	• • •		95			
<u>(CH</u>	IECK 1	<u>'HE APPROPRIATE BOX AI</u>	ND COMPLE	ETE THE APPLICABL	E STATEMENT			
√	incorre	ns an incorrect statement. Thect, and the corrected stateme suffix needs to be changed	nt are as foll	ows:				
	will be	providing professional se	e specific purpose of	: the Practice				
	of Law. The Florida Bar Rule 4-8.6(a) requires the company be designated							
	as a Professional Limited Liability Company with P.L. as suffix.							
		efectively signed. The manno propriate correction are as fol		he document was defec	tively signed and			
				,				
Dated:		Typed or p	ew S . Mau printed name	rodis of signee	 oer 			
		Filing F	ee:	\$25.00				

Certified Copy:

\$30.00 (optional)

Electronic Articles of Organization For Florida Limited Liability Company

L10000006689 FILED 8:00 AM January 19, 2010 Sec. Of State alunt

Article I

The name of the Limited Liability Company is: LAW OFFICES OF ANDREW S. MAURODIS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

710 EAST HILLSBORO BOULEVARD SUITE 200 DEERFIELD BEACH, FL. 33441

The mailing address of the Limited Liability Company is:

710 EAST HILLSBORO BOULEVARD SUITE 200 DEERFIELD BEACH, FL. 33441

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

ANDREW S MAURODIS 710 EAST HILLSBORO BOULEVARD SUITE 200 DEERFIELD BEACH, FL. 33441

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ANDREW S. MAURODIS

Article V

The name and address of managing members/managers are:

Title: MGRM ANDREW S MAURODIS 710 EAST HILLSBORO BOULEVARD, #200 DEERFIELD BEACH, FL. 33441 L10000006689 FILED 8:00 AM January 19, 2010 Sec. Of State

Article VI

The effective date for this Limited Liability Company shall be: 01/19/2010

Signature of member or an authorized representative of a member Signature: BONNIE NEESE