L10000016045

(Requestor's Name)	—				
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J. BRYAN

MAY - 6 2010

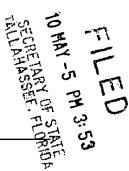
EXAMINER

COVER LETTER

TQ:	Registration S Division of Co			
SUBJECT: Christopher Hou			ıston & Associates, LLC	
			ited Liability Company	
The en	closed Articles o	of Amendment and fee(s) are su	bmitted for filing.	
Please	return all corresp	oondence concerning this matte	r to the following:	
***************************************		VT-101-uid-loss	T. Christopher King	
			Name of Person	MAY -5 PH 3: 53
Chris		Christoph	er Houston & Associates, LLC	ASS 5
			Firm/Company	Y-5 PR
2		2	2000 E. Hillcrest Street	ST4 ST4 ST4
			Address	RIDA
Orlando, FL 32803				·
City/State and Zip Code				
		Cking@ E-mail address: (elevationfinancialgroup.com (to be used for future annual report notificati	on)
For fur	ther information	concerning this matter, please	call:	
	т. с	hristopher King	at (_407_)89	4-3031
	Name	of Person	Area Code & Daytime Te	lephone Number
Enclos	ed 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)	S60.00 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		tration Section ion of Corporations Box 6327	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Christopher Houston & Associates, LLC



Zip Code

(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 _____ 02/11/2010 and assigned L10000016045 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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: New Registered Office Address: Enter Florida street address

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.

City

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> **Address Type of Action** Mgr Michael H. King ✓ Add
☐ Remove 2000 E. Hillcrest Street Orlando, FL 32803 _____ T. Christopher King ☐ Add
✓ Remove Mgr 2000 E. Hillcrest Street Orlando, FL 32803 ☐ Add Remove ∏Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 29 Dated __ Signature of a member or authorized representative of a member T. Christopher King Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00