# L10000096453

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Duninger Fath, Name)                   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
| ·-                                      |  |  |  |  |
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Office Use Only



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SECRETARY OF STATE

N. Culligan FEB 24 2011

### **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |  |  |
|--|--|--|--|
| SUBJECT: BRADY & ZASADA 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:  |  |  |  |
| RICHANO D. ZASAOA Name of Person   |  |  |  |
| BRADY & ZASADA LLC Firm/Company  |  |  |  |
| 136 M. MARION AUE  |  |  |  |
| LAKE CITY FLORIDA 32055  City/State and Zip Code   |  |  |  |
| E-mail address: (to be used for future annual report notification)   |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |
| RICHALD D. ZAJADA at (386) 754 - 7529  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, 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

# RICHARD D. ZASADA, LLC

136 North Marion Avenue Lake City, Florida 32055 Telephone: 386-754-7529 Facsimile: 386-752-3185

February 28, 2011

State Division of Corporations

Attn.: Neysa

5050 W. Tallahassee St.,

Tallahassee, Fl 32399-0100

(via facsimile)

Re:

Richard D. Zasada, P.A./Richard D. Zasada, LLC

Letter of Intent

Dear Neysa,

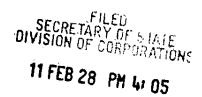
This letter is to advise the State Division of Corporations that the old Corporation of Richard D. Zasada, P.A. (Registration #: P09000081654) is dissolved and will not be reinstated. I am now doing business as Richard D. Zasada, LLC with the same principals. The LLC with the registration #: W11000011277 is the only active business entity using the same name, all others should be dissolved.

If further information is required, please do not hesitate to call.

Sincerely,

Richard D. Zasada, Esq.,

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| (Name of the Limited Liability Compa<br>(A Florida Limited I  | ASADA, LLC<br>uny as it now appears on o<br>Liability Company) | ur records.)                             |  |
|---|--|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 100000 96 45 3</u>                                       |  | 15-2010 and assigned                     |  |
| This amendment is submitted to amend the following:   |  |  |  |
| A. If amending name, enter the new name of the limited liab   | pility company here:   |  |  |
| RICHARD D. Z  | ASADA, LLC   |  |  |
| The new name must be distinguishable and end with the words "Lim "L.L.C."   | ited Liability Company," th                                    | ne designation "LLC" or the abbreviation |  |
| Enter new principal offices address, if applicable:   | 136 North Marion   | Ave.,                                    |  |
| (Principal office address MUST BE A STREET ADDRESS)   | Lake City, Florida 32055                                       |  |  |
| Enter new mailing address, if applicable:   | P.O. Box 670   |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  | Lake City, Florida 32056                                       |  |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent: |  | cords, enter the name of the new         |  |
| New Registered Office Address:  |  |  |  |
|   | Enter Florida street address                                   |  |  |
|   | , Florida  |  |  |
| •   | 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.

Jyamending 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 **Type of Action** <u>Title</u> <u>Name</u> **Address** DANA G. BRADY MGRM ☐ Add Remove Remove ☐ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 2/15 Signature of a member or authorized representative of a member RICHARD D. ZA
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00