# L10000120254

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T. HAMPTON
DEC 1 3 2010
EXAMPLE

### **COVER LETTER**

TO: Registration Section
Division of Corporations

# SUBJECT: PREFERRED PRACTICES ASSOCIATES, LLC, TO BECOM

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:

D	OUGLAS H. THOMPSON, JR.  Name of Person
	Number of Ferson
PROFESSI	ONAL PRACTICES ASSOCIATES, LLC
	Firm/Company
	11801 Research Drive
	Address
	ALACHUA, FL 32615
	City/State and Zip Code
	www.cpamutual.com
	ress: (to be used for future annual report notification)
For further information concerning this matter, ple	ease call:
Douglas H. Thompson, Jr.	at ( 386 ) 418-4121
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 Star	
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

# PETER C.K. ENWALL, P. A.

Attorney at Law MetroCorp Center 4110 NW 37th Place, Suite B Gainesville, FL 32606

P. O. Box 357117 Gainesville, FL 32635-7117 Email: enwall@bellsouth.net Website: www.peterenwall.com Phone (352) 376-6163 Fax (352) 376-5238

December 9, 2010

Secretary of State Office Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Preferred Practices Associates, LLC
Document No. L10000120254
Letter No.: 510A00028030

To whom it may concern:

In accordance with the above-referenced letter, enclosed please find an Affidavit executed by Douglas H. Thompson, Jr., as President and Director of Professional Practices Associates, LLC.

Would you please approve the Amendment requested in the Articles of Amendment, filed on behalf of Preferred Practices, LLC. A copy of your letter and the original Articles of Amendment are also submitted with this letter. You have previously credited our \$25.00 amendment fee.

Thank you for your assistance.

Yours very truly,

PETER C. K. ENWALL

PCKE/ab enclosures

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10 DEC 10 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 2, 2010

DOUGLAS H THOMPSON JR 11801 RESEARCH DR ALACHUA, FL 32615

SUBJECT: PREFERRED PRACTICES ASSOCIATES, LLC

Ref. Number: L10000120254

We have received your document for PREFERRED PRACTICES ASSOCIATES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is F13838 (PROFESSIONAL PRACTICE ASSOCIATES, INC).

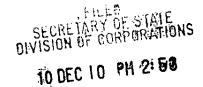
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 510A00028030

### <u>AFFIDAVIT</u>



### STATE OF FLORIDA COUNTY OF ALACHUA

Before me, the undersigned authority, personally appeared DOUGLAS H. THOMPSON, JR., to me personally known, who, after being duly sworn, deposes and says that:

- 1. He is President and Director of Professional Practice Associates, Inc., a dissolved Florida corporation and is authorized to submit this affidavit and to act on behalf of the corporation.
- 2. Professional Practice Associates, Inc., does not intend to reinstate the dissolved corporation.
- 3. Your Affiant hereby releases the use of the name Professional Practice Associates for use by another entity, more particularly for use by Preferred Practices Associates, LLC, in amending its name to: Professional Practices Associates, LLC.

WHEREFORE, AFFIANT SAYETH FURTHER NAUGHT.

DOUGLAS H. THOMPSON, JR., Affant

The foregoing instrument was acknowledged before me this 8th day of December,

2010, by DOUGLAS H. THOMPSON, JR., who is personally known to me or who has produced

as identification and who did take an oath.

Notary Public - State of Florida

Typed Name:

Commission Expires: Commission Number:



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREFERRED PRACTICES ASSOCIATES, LLC

SECRETARY OF STATE DIVISION OF CORPORATIONS

10 DEC 10 PM 2:58

(Name of the Limited I (A)	Liability Compan Florida Limited L	iy as it now appe iability Company	)	
		were filed on	November 18, 2010	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of	the limited liabi	ility company h	<u>ere</u> :	
er new principal offices address, if applicable:    Incipal office address MUST BE A STREET ADDRESS  Same as previous   Same as previous				
"L.L.C."		ted Liability Com	pany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)	Same as pr	evious	
Enter new mailing address, if applicable:		Same as pr	evious	
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			
			our records, enter the	e name of the new
Name of New Registered Agent:	same as pre	evious		
New Registered Office Address:	same as pre			
		1	Enter Florida street addre	uss .
			, 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.

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 = I	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Actio
			Add Remove
			Add Remove
			Add Remove
<del> </del>			Add Remove
<del></del> .			Add Remove
			Add Remove
). If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	JOYISION OF G
			CURPUKATION 0 PM 2: 58
Dated	,,	·	ី
	Signature of a member of Typed of	or authorized representative of a member  H. THOMPSON, JR.  or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00