

L110000030197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

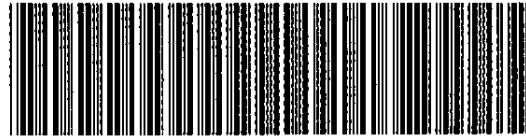
Special Instructions to Filing Officer:

A. LUNT

SEP 26 2011

EXAMINER

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2011 SEP 29 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Abraham & Associates, Certified Process Servers, 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:

Michelle Abraham

Name of Person

Abraham & Associates, Certified Process Servers, LLC

Firm/Company

1732 S. Congress Ave Suite 145

Address

Lake Worth FL 33461

City/State and Zip Code

mleeabraham@hotmail.com

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

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2011 SEP 28 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Michelle Abraham

Name of Person

at (**561**) **629-0665**

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,
Certificate of Status &
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

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

Abraham & Associates, Certified Process Servers, 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 03/11/2011 and assigned
Florida document number L11000030197.

This amendment is submitted to amend the following:

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

Abraham, Turner & Associates, CPS, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

_____, 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 = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Michelle Abraham	1732 S. Congress Ave Suite 145 Palm Springs FL 33461	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Michelle Abraham	1732 S. Congress Ave Suite 145 Palm Springs FL 33461	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Brian Turner	412 East Amelia Ave Tampa FL 33602	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Ronald Abraham	5624C Kingfish Drive Lutz FL 33558	<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

SECRETARY OF STATE
 TALLAHASSEE, FL 32307
 2011 SEP 23 04:33 PM
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dated September 16, 2011



 Signature of a member or authorized representative of a member
 Michelle Abraham

 Typed or printed name of signee