## L110000 65433

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ALL AHASSEF FLOOR

J. BRYAN

JUN 1 0 2011

**EXAMINER** 

## **COVER LETTER**

Division of Co				
SUBJECT:	The Gen	eraj Group LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Th	eodore M. Simon, Esq.		
		Name of Person		
	· · · · · · · · · · · · · · · · · · ·	TO 100	•	FE SE
		Firm/Company		器り工
	5455 North Federal Highway - Suite P			TAR J
		Address		10000000000000000000000000000000000000
	Boca Raton, FL 33487			TILEU JUN-9 AMII: 42 ECRETARY OF STATE
City/State and Zip Code			Red to	
	E-mail address: (t	ted@tmsimon.com o be used for future annual report notifica	ation)	T*
For further information	concerning this matter, please c	alt:		
	eodore Simon		88-1234	
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	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &
	LING ADDRESS: tration Section	STREET/COURIE Registration Section	R ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u></u>	he Generaj <i>l</i>	Advocate LLC		•
(Name of the Limite	d Liability Compa A Florida Limited	<u>iny as it now appea</u> Liability Company)	rs on our records.	
The Articles of Organization for this Limited Florida document numberL1100006		were filed on	June 3, 2011	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company her	<u>·e</u> :	
	The General A	dvocate LLC		
The new name must be distinguishable and end w "L.L.C."	rith the words "Lim	ited Liability Compa	iny," the designation "	LLC" or the abbreviatio
Enter new principal offices address, if appli	icable:	n/a	Para transportation of	
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		n/a		JUN-9 AV
(Mailing address MAY BE A POST OFFICE		the state of the s		F STATE
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:	n/a			
New Registered Office Address:	n/a			
		En	ter Florida street add	tress
			, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM =	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	<u>n/a</u>		Add Remove
	<u></u>		Domaria
			AddRemove
			Add Remove
		-	Add Remove
			Remove
	nding any other information n/a	, enter change(s) here: (Attach additional sheets	
_			SECRI
_			FILE HASSEE,
– Dated	June 7		F STATE ORIGINAL AND
	Signatur	re of a member or authorized representative of a mem	iber
		Theodore M. Simon, Esq. Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00