

L11000065433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

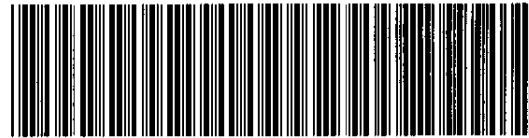
(Business Entity Name)

(Document Number)

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11 JUN 13 PM 1:30  
SEAL OF THE STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
JUN 14 2011  
EXAMINER

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: The General Advocate, 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:

Theodore M. Simon

Name of Person

Firm/Company

5455 North Federal Highway - Suite P

Address

Boca Raton, FL 33487

City/State and Zip Code

ted@tmsimon.com

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

For further information concerning this matter, please call:

Theodore M. Simon

Name of Person

at ( 561 )

988-1234

Area Code & Daytime Telephone Number

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

11 JUN 13 PM 1:30

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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**

The Generaj Advocate, 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 June 3, 2011 and assigned  
Florida document number L11000065433.

This amendment is submitted to amend the following:

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

The General Advocate, 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)**

5455 North Federal Highway - Suite P

Boca Raton, FL 33487

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

David Abrams

200 West Palmetto Road - Suite 201

Boca Raton, FL 33432

**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:

David Abrams

New Registered Office Address:

200 West Palmetto Road - Suite 201

*Enter Florida street address*

Boca Raton

, Florida

33432

*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.*

David Abrams  
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>
MGRM	Steven Leff	7048 DeMedici Circle Delray Beach, FL 33446	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	David Abrams	200 West Palmetto Road - Suite 201 Boca Raton, FL 33432	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_

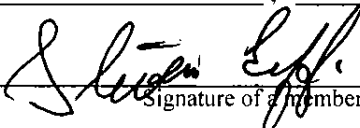
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FILED  
 JUN 13 PM 1:30  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated June 9 2011

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Steven Leff  
 \_\_\_\_\_  
 Typed or printed name of signee