

L12000017934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

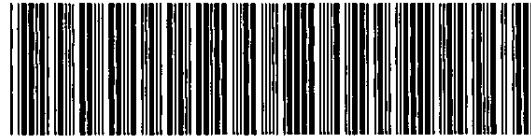
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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T. CLINE

OCT -5 2012

EXAMINER

Law Offices of

**Michael R. Donaldson**  
4330 Boston Road  
Brecksville, OH 44141  
(216) 351-3207  
Fax (216) 485-5766  
Email: mrdonaldson@roadrunner.com

October 3, 2012

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

Via FedEx overnight delivery

Re: Name change of Ann Mansfield & Associates,  
LLC to Mansfield & Associates, LLC

Sir/Madam:

Enclosed are Articles of Amendment to Articles of Organization submitted for filing on behalf of the above-referenced Florida limited liability company, together the Filing and Certificate of Status Fee in the amount of Thirty Dollars (\$30.00). Please return the Certificate of Status and all other documents evidencing the filing of the Amendment to the undersigned. Thank you.

Should you have any comments or questions, please contact the undersigned at your convenience.

Very truly yours,



Michael R. Donaldson

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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MRD/ac  
Enc.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Ann Mansfield & Associates, 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:

Michael R. Donaldson  
Name of Person  
Law Offices of Michael R. Donaldson  
Firm/Company  
4330 Boston Road  
Address  
Brecksville, OH 44141  
City/State and Zip Code  
ann@mansfieldassoc.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Michael R. Donaldson at ( 216 ) 389-8800  
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, 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**

**Ann Mansfield & Associates, 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 02/07/2012 and assigned Florida document number L12000017934.

This amendment is submitted to amend the following:

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

Mansfield & Associates, 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)**

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

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

**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>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*


\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated October 3, 2012.

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

Michael R. Donaldson  
 \_\_\_\_\_  
 Typed or printed name of signee