

L12000017934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

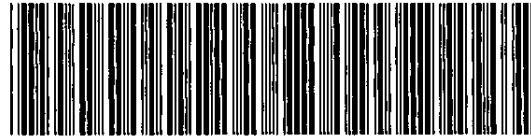
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/04/12--01022--002 **30.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MRD/ac
Enc.

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TALLAHASSEE, FLORIDA

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)

For further information concerning this matter, please call:

Michael R. Donaldson

Name of Person

at (216)

389-8800

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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**

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

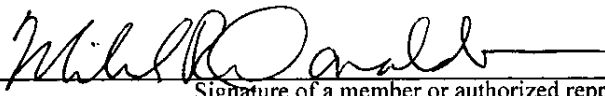
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
			<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