

L12000019647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2012 FEB 29 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T. CLINE

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EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2012

JAMES KOSMAS  
111 LIVE OAK STREET  
NEW SMYRNA BEACH, FL 32168

SUBJECT: ENTITY-ASCEND SOLUTIONS, LLC  
Ref. Number: L12000019647

We have received your document for ENTITY-ASCEND SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is P11000031898.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 012A00007437

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

2012 FEB 29 PM 2:06  
RECEIVED  
TALLAHASSEE, FLORIDA



# James M. Kosmas, P.A.

*Attorneys at Law*

111 Live Oak Street  
New Smyrna Beach, FL 32168  
(386) 428-0055  
FAX (386) 426-2665

February 7, 2012

VIA OVERNIGHT DELIVERY

Registration Section  
Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

(850) 487-6051

RE: FILE NUMBER L12000019647  
ENTITY-ASCEND SOLUTIONS, LLC, a Florida limited liability company, changing name to  
ASCEND SOLUTIONS ONE, LLC, a Florida limited liability company

Enclosed please find the following documents for the referenced limited liability company:

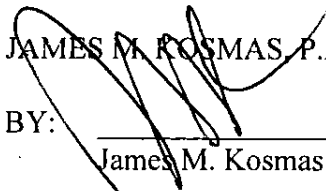
1. Articles of Amendment
2. Copy of your Letter Number 012A00007437

You currently are holding the \$25.00 Filing Fee at the Division of Corporations for the Amendment.

If you have any further questions, please feel free to contact me.

Yours very truly,

JAMES M. KOSMAS, P.A.

BY:   
James M. Kosmas

Enclosures

2012 FEB 29 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ENTITY-ASCEND SOLUTIONS, 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:

James M. Kosmas

Name of Person

James M. Kosmas, P.A.

Firm/Company

111 Live Oak Street

Address

New Smyrna Beach, Florida 32168

City/State and Zip Code

smyrnakos@bellsouth.net

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

For further information concerning this matter, please call:

James M. Kosmas

Name of Person

at ( 386 )

428-0055

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 FEB 29 PM 2:06

FILED

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

**ENTITY-ASCEND SOLUTIONS, 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 February 08, 2012 and assigned Florida document number L12000019647.

This amendment is submitted to amend the following:

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

ASCEND SOLUTIONS ONE, 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)

**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*

City

Florida

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
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2012 FEB 29 PM 2:05  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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Dated February 28, 2012

Signature of a member or authorized representative of a member

James M. Kosmas, Attorney

Typed or printed name of signee