

L12000019647

(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



100221982451

02/17/12--01008--019 **25.00

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

FILED

T. CLINE

MAR - 1 2012

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.

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

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

2012 FEB 29 PM 2:08

FILED



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:

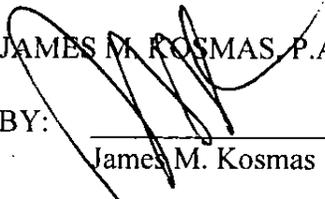
1. Articles of Amendment
2. Copy of your Letter Number 012A00007437

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 at (**386**) **428-0055**
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

2012 FEB 29 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

FILED
2012 FEB 29 PM 2:00
SECRETARY OF STATE
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

<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

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

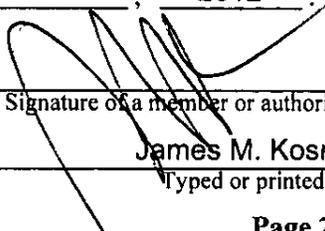
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

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

FILED

Dated February 28, 2012



Signature of a member or authorized representative of a member

James M. Kosmas, Attorney

Typed or printed name of signee