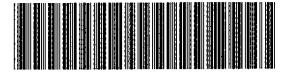
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EXAMINER
JAN 11 2012

COVER LETTER

Division of Cor	porations		
SUBJECT:	The Law Offices of	Rodrigues & Mayes, LL0	O
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Melanie Rodrigues	
		Name of Person	
	The Law Of	fice of Melanie Rodrigues. Ll	_C
		Firm/Company	
		P. O. Box 5090	
	The Law Office of Melanie Rodrigues, LLC Firm/Company P. O. Box 5090 Address Navarre, FL 32566 City/State and Zip Code mellie1016@bellsouth.net E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: Melanie Rodrigues at (850) 582-1656 Name of Person Area Code & Daytime Telephone Number		
	<u>mel</u> E-mail address: (t	lie1016@bellsouth.net o be used for future annual report notificat	iion)
For further information co	oncerning this matter, please c	all:	
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TÒ:

Registration Section

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 Law Offices of Rodrigues & Mayes, 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 10/13/2009 and assigned Florida document number _____L0900099268 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Law Office of Melanie Rodrigues, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A _____ 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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

IGR = Ma IGRM = N	nager Ianaging Member		
<u>tle</u>	Name	Address	Type of Actio
GRM	Tanya R. Mayes	518 College Avenue Panama City FL 32401	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
		change(s) here: (Attach additional sheets, if necessary.))
	•	member of the law firm effective 12//31/11.	
ted	December 31, ,		
	Signature of a n	nember or authorized representative of a member	
		Melanie Rodrigues Typed or printed name of signee	

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:

Page 2 of 2

Filing Fee: \$25.00