11000036385

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L. SELLERS				
SEP -8 2011				
EXAMINER				

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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Sec Division of Corp			•
SUBJE	CCT:			
SUBJECT: PLATT JACOBUS & HOPWOOD LLC Name of Limited Liability Company				
The end	closed Articles of A	mendment and fee(s) are sub	omitted for filing,	
Please 1	eturn all correspon	dence concerning this matter	to the following:	
		В	ILLIE JO HOPWOOD	
Name of Person				
PLATT.		PLATT J	ACOBUS & HOPWOOD LLC	
			Firm/Company	
	707 W. EAU GALLIE BLVD.			
			Address	
MELBOURNE, FL 32935				
			City/State and Zip Code	
			@PLATTJACOBUS.COM to be used for future annual report notificat	ion)
For furt	her information cor	cerning this matter, please c	·	,
	BILLIE J	O HOPWOOD	at (321) 72	25-3425
	Name of F	Person	Area Code & Daytime To	elephone Number
Enclose	d 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		on Section	STREET/COURIER Registration Section Division of Corporation	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLATT JACOBUS	S & HOPWOOD LLC					
(Name of the Limited Liability Con	npany as it now appears on our records.) ed Liability Company)					
(A Frontia Zillin)	ca Blacking Company)					
The Articles of Organization for this Limited Liability Comp	any were filed on 3/25/11 and assigned					
Florida document numberL11000036385						
···						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited l	iability company here:					
PLATT HOPWOOD	& ASSOCIATES LLC					
The new name must be distinguishable and end with the words "L".L.C."	imited Liability Company," the designation "LLC" or the abbreviation					
Enter new principal offices address, if applicable:	707 W. Eau Gallie Blvd.					
(Principal office address MUST BE A STREET ADDRESS	Melbourne, FL 32935					
Enter new mailing address, if applicable:	707 W. Eau Gallie Blvd.					
(Mailing address MAY BE A POST OFFICE BOX)	Melbourne, FL 32935					
Maning dualess MAT BE AT OST OFFICE BOX	Micibourie, 1 E 02000					
B. If amending the registered agent and/or registered registered agent and/or the new registered office address is	office address on our records, enter the name of the new nere:					
Name of New Registered Agent: JACK L.	Name of New Registered Agent: JACK L. PLATT					
New Registered Office Address: 707 W. E	fice Address: 707 W. Eau Gallie Blvd.					
Enter Florida street address						
	Melbourne Florida 32935					
	City Zip Gode					
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 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> **Address Type of Action** MGR JACK L. PLATT 707 W. Eau Gallie Blvd. ✓ Add Melbourne, FL 32935 ☐ Remove **MGRM** BILLIE JO HOPWOOD 707 W. Eau Gallie Blvd. ✓ Add Melbourne, FL 32935 ☐ Remove ☐ Add Remove Add Remove _□Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPTEMBER 1 2010 Dated Signature of a member or authorized representative of a member **BILLIE JO HOPWOOD** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00