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SECRETARY OF STATE
ALABAMA, FLORIDA

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S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: We can US Holdings 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:

GARY MURPHREE
Name of Person

AM LAW
Firm/Company

7385 SW 8TH Avenue, Ste. 100
Address

MIAMI FL 33173
City/State and Zip Code

gmm@amlaw-miami.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARY MURPHREE at (305) 441 9530
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

We can US Holdings 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 6/17/15 and assigned
Florida document number L15000105356

This amendment is submitted to amend the following:

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

MURPHY LAW FLORIDA LLC

The new name must be distinguishable and contain 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

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 605, 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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Solter, Klaus	7385 SW 87th Ave. Ste. 102	<input type="checkbox"/> Add
		MIAMI FL 33173	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Takeshi, Orochi	7385 SW 87th Avenue Ste. 102	<input type="checkbox"/> Add
		MIAMI FL 33173	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GARY Morphree	7385 SW 87th Avenue Ste. 102	<input type="checkbox"/> Add
		MIAMI FL 33173	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JANUARY 19, 2016

GARY MORPHILL

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA