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SECHETARY OF STATE

COVER LETTER

Division of C	orporations						
SUBJECT:	Expe	Expert-Log, LLC					
		ited Liability Company					
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.					
Please return all corres	pondence concerning this matte	r to the following:					
		Carolina Calonge					
		Name of Person					
Expert-Log, LLC							
		Firm/Company					
		Address					
	<u> </u>						
		City/State and Zip Code					
	CCa E-mail address: (alonge@expert-log.com to be used for future annual report noti	fication)				
For further information	concerning this matter, please of	call:					
Carolina Calonge		at (<u>305</u>)	599-8300				
Name	of Person	Area Code & Daytin	ne 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 enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

TO:

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

Expert-Lo	og, 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 Florida document numberL11000030633	were filed on	03/14/2011	a	and assi	gned			
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the limited liabi	ility company her	<u>e</u> :						
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Compa	ny," the designation	ı "LLC" (or the al	bbreviation			
Enter new principal offices address, if applicable:	3563 NW 82 Avenue							
(Principal office address MUST BE A STREET ADDRESS)	Miami, Fl. , 33122							
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)								
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on o ::	ur records, <u>ente</u>	r the na	ime of	the new			
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	. ≱ S	_ 	 			
New Registered Office Address:			<u> </u>	MAR	emany.			
	Ent	er Florida street a Florida	ddigg	-0	The state of the s			
New Registered Agent's Signature, if changing Registered Agent:	City	, riorida j	F. ONE	Code				

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 Type of Action Title Name Address MGRM Denise Leinig 18100 Atlantic Blvd, # 311 Sunny Isles Beach, Fl. 33160 ☐ Add Remove □Add Remove ∏Add _ Remove ___Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Changing Denise Leinig to Managing Member. 2012 Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00