L020000029960

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SECRETARY OF STATE ALLAHASSEE, FLORINA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Personal Injury Tris Group, 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:	
Mattlew Barason (Name of Person)	
Mattlew Parano (Name of Person) Perso-ul Tayy Tala Group (Firm/Company)	
3521 W. Brown Blud #2000	
For further information concerning this matter, please call: (Address) (City/State and Zip Code) (City/State and Zip Code) (City/State and Zip Code) (City/State and Zip Code)	
For further information concerning this matter, please call:	
Matthe Bararo at (951) 523-4357 En (Name of Person) (Area Code & Daytime Telephone Number)	
(Table 55.45 to 55.45	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate of St	l)

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

Personal Injury (Name of the Limited Liability Co	ompany as it now appears on ited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Com- Florida document number <u>LO200029960</u>		and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited The new name must be distinguishable and end with the words "L.L.C."		the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	-	$\overline{A}_{i,s}$		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	TEC TE		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TILED MAY 30 A 10: 48 ETARY OF STATE HASSEE, FLORIDA		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter the name of the new		
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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = 1	MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action				
			Add				
			Add Remove				
.	<u></u>		Add				
			_□ Add _□ Remove				
			Add				
		AHAS					
		SA CH CH CH CH CH CH CH CH CH CH CH CH CH	_ Remove _ D				
D. If amen	ding any other information, enter change(s	s) here: (Attach additional sheets, if necessary)	84 Ö				
			_ _				
_			_				
			_				
Dated	5/22, 200	<u> </u>					
	Strature of a member or	r authorized representative of a member					
	Mattlen						
	Typed or	printed name of signee	 				

Page 2 of 2

Filing Fee: \$25.00